

Crook County Juvenile Department

305 N.E. 3rd Street • Prineville, Oregon 97754-1918
Phone (541) 447-5161 • FAX (541) 447-2527

ERIKA FRICKEY, Director

RESTITUTION REPORT FORM

		complete the following form and retu	rn it to Crook County Juvenile Department on or		
VI	CTI	IM:	SUSPECT(S):		
Al	ODF	RESS:	OFFENSE:		
TI	ELE	PHONE: (Home)	(Work)		
of	fens	se as well as to the parent or legal gu			
/ /		SE CHECK APPROPRIATE BOX/BO			
()	I do <u>not</u> wish to be involved further or to make any claims through the Juvenile Court.			
()	I wish to be notified of the date and time of any formal hearing in my case.			
()	I do not object to being contacted by the juvenile/juvenile's parents.			
()	I wish to be contacted by the Youth Services Counselor.			
()	I wish to have the Youth Services consider the following information in my claim for restitution.			



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RIEF DESCRIF	PTION OF DAMAG	3ES:			
EMS DAMAGE	ED OR STOLEN: (Please in	ıdicate items ı	recovered.)	
em	\	/alue	Item		Value
	()			(_)	
	()			()	
	()			()	
	()			()	
	()			()	
PERSONAL LOS	SS: (Including Injur	~y)			
	SS: (Including Injurury and treatment:			Cost	Insurance
					Insurance



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INSURANCE INF	FORMATION:			
() No Insurance	e () Partial Coverage	() Complete Coverage		
		Deductible: \$		
INSURANCE CC	MPANY NAME:			
AGENT:				
ADDRESS:				
TELEPHONE: _	CLAI	CLAIM NUMBER:		
ТО	TAL LOSS:	\$		
Les	s Insurance Payment	\$		
Les	s Recovered Items	\$		
ТО	TAL RESTITUTION REQUESTED	\$		
Please attach repavailable proof or	·	of replacement items and any other		
I hereby state the compensation in		est of my knowledge and I hereby request		
Signature		Date		