

Restitution Information Form

Please return this form to: Polk County District Attorney's Office Victim Assistance Program
850 Main Street, Dallas, OR 97338, Phone: (503-623-9268, Fax: 503-623-7556)

What is restitution and what is a restitution information form?

Restitution is the money the court may order a defendant to pay a victim for certain losses including stolen or damaged property, medical bills, needed counseling or lost wages. Restitution is only considered for losses directly related to the charge(s) against the defendant(s). The judge in a criminal court cannot order a defendant to pay for a victim's pain and suffering.

The restitution information form is a way for you to provide us information about your monetary loss resulting from this crime. Please fill out this form as completely as possible. Since it is necessary for us to provide the court documentation of your loss, **please provide copies of receipts, estimates, invoices, bills and canceled checks.** *Please complete this form as soon as possible.* If you have any questions regarding this form, do not hesitate to call our office at 503-623-9268.

PROPERTY LOSS: Please list only items that have **NOT** been recovered **OR** that were damaged prior to their recovery. (Please note that items may be held as evidence and can be recovered after the completion of the case.) Replacement cost is based on the value of the property at the time of the loss.

Property Description:	Property Value:	Replacement Cost:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- | | | |
|--|------------------------------|-----------------------------|
| Has any financial institution covered your loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did the defendant's insurance cover your loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did your insurance cover your loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Insurance: Property, Auto, Homeowners or Bank Information (Please complete this section only if you have made or expect to make a claim.)

Company: _____	Telephone: _____
Address: _____	
Contact person: _____	Deductible amount: _____
Claim #: _____	Policy #: _____
Do you have an insurance claim pending? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount your insurance has already paid you: _____	

PERSONAL LOSS: If you suffered injuries that required medical attention or mental health counseling as a result of this crime, please indicate your expenses:

Injury/Treatment:	Provider:	Account #:	Total Cost to Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did the defendant's insurance pay your medical expenses? Yes No
Did your insurance pay your medical expenses? Yes No

Insurance: Medical (Please complete this section only if you have made or expect to make a claim.)
Company: _____ Telephone: _____
Address: _____
Contact person: _____ Deductible amount: _____
Claim #: _____ Policy #: _____

LOST EARNINGS: You may be able to recover wages if you had to take time off from work due to injury as a result of the crime. Please provide information about and documentation of your lost earnings.

Employer's name: _____
Employer's address and phone #: _____
Your job title: _____
Did you use sick leave? Yes No Did you use vacation time? Yes No
Number of hours/days taken off: _____ Amount of lost wages: \$ _____

OTHER CRIME-RELATED EXPENSES: Please use this section to include any expenses you incurred related to this crime that were not indicated in the sections above. For example, you may include the cost of changing the locks to your home or fees you paid to change a financial account.

Expense description:	Total Cost to Date:
_____	_____
_____	_____

If you are a victim of a person-to-person crime, you may be eligible to apply to the Crime Victims' Compensation Program (CVCP). The CVCP does not pay for expenses related to property crimes. If you would like further information about the CVCP, please call our office at 503-623-9268.

Have you applied to the Crime Victims Compensation Program (CVCP)? Yes No

Status: _____ Claim #: _____

My signature below affirms that the information I provided on this form and any estimates or receipts I attached are true and correct to the best of my knowledge. I understand that my request for restitution must be directly related to the loss I incurred as a result of the crime committed. I understand that if I make a false restitution claim, I could be prosecuted for a crime under Oregon law.

Victim's Signature Date

Please complete and return to Polk County Victim's Assistance Program, 850 Main Street, Dallas, OR 97338 as soon as possible. If we DO NOT hear from you by returning this form, we will assume that you DO NOT wish to receive restitution and/or compensation.