



**TILLAMOOK COUNTY DISTRICT ATTORNEY'S
Victim Assistance Program
RESTITUTION INFORMATION FORM**

Name: _____
 State of Oregon vs: _____
 Charges: _____
 Co-Defendent(s): _____
 Charges: _____
 Case Number(s): _____

Please return this form to: Tillamook County District Attorney's Office
 Victim's Assistance Program
 201 Laurel Ave.
 Tillamook, OR 97141

Phone: (503) 842-1241
 Toll Free: 1-866-442-1241
 Fax: (503) 842-1802

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 and return it within 14 days.* If you have any questions regarding this form, do not hesitate to call our office.

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

Property Description	Property Value	Replacement Cost

Has any financial institution covered your loss? Yes No
 Did the defendant's insurance cover your loss? Yes No
 Did your insurance cover your loss? Yes No

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 Number: _____ Policy Number: _____

Do you Have an insurance claim pending? Yes No Amount 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 Number	Total Cost to Date

Did 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 Number: _____ Policy Number: _____

Lost Earnings: You may be able to recover wages if you had to take time off from work because of the crime.

Please provide information about and documentation of your lost earnings.

Employers Name: _____ Phone Number: _____

Address: _____

Job Title: _____

Did you use vacation time? Yes No Did you use sick leave? Yes No

Number of Days/Hours 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:

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

Status: _____ Claim Number: _____

If you're a victim of a person-to-person crime, you may be eligible to apply to the 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) 842-1241 or toll free at 866-442-1241.

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 would be prosecuted for a crime under Oregon law.

Victim's Signature

Today's Date

Check this box to declare under penalty of perjury that the identification information provided is my own.