

Restitution Information Form

Victim Name: _____
Address: _____ Phone: _____
State of Oregon vs. _____ Case #(s): _____
<i>PLEASE RETURN THIS FORM AS SOON AS POSSIBLE.</i>

Please return this form to: Columbia County District Attorney's Office, 230 Strand St., St. Helens, OR 97051
Phone: (503) 397-0300 Fax: (503) 397-2760

What are restitution and a Restitution Information Form?

Restitution is money the court may order a defendant or youth offender to pay to a victim for certain losses including stolen or damaged property, medical bills, counseling, or lost wages. Restitution is only allowed for losses directly related to the charge(s) against the defendant(s) or youth offender(s). The criminal court judge can not order restitution for pain and suffering.

The Restitution Information Form is a way for you to give us information about monetary losses you had as a result of this crime. Please fill out this form as completely as possible and feel free to attach additional pages if you need to. Since we need to give the court documentation of your loss, please give us copies of receipts, estimates, invoices, bills, canceled checks, etc. ***Please complete this form and return it as soon as possible.*** It can be updated if necessary. If you have any questions about the form, please call the Victim's Assistance office at (503) 366-3914.

Property Loss: Please list only items that have **not** been recovered or that were damaged before recovery. (Items may be held as evidence and can be recovered after the end 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"/> | Partial <input type="checkbox"/> |
| Did the defendant's or youth offender's insurance company cover your loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Partial <input type="checkbox"/> |
| Did your insurance cover your loss? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Partial <input type="checkbox"/> |

Insurance Company Information (or you may attach a copy of your insurance claim/payment statement)

Company: _____ Deductible Amount: \$ _____

Address: _____

Claims person: _____ Telephone: : _____

Claim #: _____ Policy #: _____

Do you have an insurance claim pending? Yes No

Amount your insurance company 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: (or attach copies of billing statements if you have them)

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

Did the defendant's insurance company pay your medical expenses? Yes No Partial
Did your insurance company pay your medical expenses? Yes No Partial
Did Oregon Health Plan pay your medical expenses? Yes No Partial
 I have no medical insurance.

Medical Insurance Information:

Company: _____ Deductible Amount \$ _____
Address: _____
Claims person: _____ Telephone: : _____
Claim #: _____ Policy #: _____

LOST EARNINGS: You may be able to recover wages or income if you had to take time off from work because 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 leave? Yes No
Number of hours/days taken off: _____ Amount of lost earnings: \$ _____

OTHER CRIME-RELATED EXPENSES: Please use this section to list any expenses you had because of this crime that you have not yet listed. For example, you may include the cost of changing the locks to your home or fees you paid to change a financial account or towing expenses.

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

CVCP: If you are injured by a crime, or a family member was killed during a crime, you may be eligible for money from the Crime Victims' Compensation Program (CVCP). The CVCP does not pay for property crime expenses. If you want more information about the CVCP, please call (503) 366-3914.

Have you applied to the Crime Victims Compensation Program? Yes No
Were you informed about the Crime Victims Compensation Program? Yes No Date: _____
Status: _____ Claim #: _____

My signature below affirms that the information I have given on this form and any estimates or receipts I submit with it 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 experienced as a result of the crime. I understand that if I make a false restitution claim, I could be prosecuted for a crime under Oregon law.

Victim's Signature

Date

