

Restitution Information Form

Name: _____	
State of Oregon vs. _____	Co-defendant(s) _____
Case #(s): _____	_____
Charges: _____	_____
_____	_____

Please return this form to: Hood River County Victims' Assistance Program
309 State Street, Hood River, OR 97031 • Phone: 541.387.6814 • Fax: 541.387.6804

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 10 days.*** If you have any questions regarding this form, do not hesitate to call our office at 541.387.6814.

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 ___	No ___
Did any other 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 #: _____	Policy #: _____

Do you have an insurance claim pending? Yes ___ No ___
Amount your insurance has 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 #: _____

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 hanging 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 #: _____

If you are 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, please call our office at (541) 387.6814.

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 false restitution claim, I could be prosecuted for a crime under Oregon law.

Victim's Signature

Date