

## REQUEST FOR RESTITUTION

VICTIM: \_\_\_\_\_ VICTIM'S PHONE: \_\_\_\_\_  
 DEFENDANT(S): \_\_\_\_\_ DA#: \_\_\_\_\_ COURT#: \_\_\_\_\_  
 \_\_\_\_\_ DDA: \_\_\_\_\_  
 \_\_\_\_\_ UNIT: \_\_\_\_\_

**Please Check at least ONE box:**

I am not requesting restitution.

My insurance company has covered the entire loss, except that I had to pay my insurance deductible which is \$\_\_\_\_\_. **Please complete section 1 below**

I have losses that were not or only partially covered by insurance. The total amount of my out of pocket expenses (including any insurance deductible that I've paid) is \$\_\_\_\_\_ as described below. **Please complete sections 1, 2 and 3 below as appropriate**

Do you expect any future additional costs?  NO  YES **Please attach explanation / estimate of future costs**

\*\*\*If you are requesting ANY restitution in this case, you must submit supporting documents, such as medical bills, insurance deductibles, receipts, repair estimates, etc.\*\*\*

**1. INSURANCE**

Please list each insurance company that you are aware is involved in this case. Under the "cost to you" please list any insurance related out of pocket expenses that you have actually had to pay (a deductible or co-pay). You will be able to itemize uncovered losses below.

Insurance Company Information

Company Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
 Adjustor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

This is:  My insurance  Defendant's insurance

<i>Amount Paid by Insurance</i>	<i>Cost to You</i>

**2. PROPERTY DAMAGE / LOSS**

If you need more space, attach additional pages. Please also attach copies of supporting documentation.

<i>Item / Brief Description of Damage</i>	<i>Type of Expense</i>	<i>Cost to You</i>
	<input type="checkbox"/> Estimated cost <input type="checkbox"/> Actual repair cost	
	<input type="checkbox"/> Estimated cost <input type="checkbox"/> Actual repair cost	

**3. MEDICAL BILLS**

If you need more space, attach additional pages. Please also attach copies of supporting documentation.

<i>Treatment Date(s)</i>	<i>Hospital/Provider &amp; Brief Description of Expense</i>	<i>Cost to You</i>
<input type="checkbox"/>	Due to the injuries I sustained in this incident I could not work and lost wages that were not covered by sick time or workers compensation. <i>Please enter amount at right and attach documentation.</i>	

To the best of my knowledge, the above facts are true and accurate.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

\*In conformance with ORS 137.106(6)(a), the State hereby discloses and gives notice to the defense that all persons mentioned in this document and/or in any attachments may be called by the State during the presentation of evidence at sentencing or at a Restitution Hearing.