

VICTIM'S RESTITUTION ESTIMATE
PROPERTY DAMAGE OR LOSS

Name: _____

Mailing Address: _____

Phone - Home: _____ Message: _____

Work: _____ Fax: _____

E-Mail Address: _____

Do you want to be notified via E-Mail: Yes _____ No _____

State of Washington v. _____

Chelan County Cause No. _____

Charge(s) _____

Please answer each question as completely as possible. We understand that you may have given this information to law enforcement, insurance companies, etc., but we need to confirm your loss for restitution purposes. Provide the most accurate and complete information available to you at this time. If this information changes (items are recovered and returned or estimates are higher or lower) please contact this office to make necessary changes. It is important that we have accurate information regarding your loss to provide to the Court.

1. TOTAL AMOUNT OF DAMAGE OR LOSS:

List all items missing or damaged and the value of each (attach additional sheets if necessary).

Item	Value	Item	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. INCLUDE DOCUMENTATION:

Please include copies of receipts, bills, estimates, insurance itemizations, etc. that you have concerning this loss.

6. **COMMENTS:**

Please include any comments or further information or comments which you feel may be appropriate with respect to your loss or damage.

I declare that the information contained on this form is true and correct to the best of my knowledge.

Signature of Victim or Representative

Date

Printed Name of Victim or Representative

Return Form and Information to:

Charissa Cruickshank, Coordinator
Victim Witness Unit
P. O. Box 2596
Wenatchee, WA 98807-2596
(509) 667-6206