# VICTIM'S RESTITUTION ESTIMATE PROPERTY DAMAGE OR LOSS

Name:		
	ldress:	
C		
Phone -	Home:	Message:
	Work:	Fax:
	E-Mail Address:	
	Do you want to be notified via E-Mail: Yes	No
State of Wa	shington v	
Chelan Cou	unty 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.

## 3.

**<u>RETURNED ITEMS:</u>** Have any items been returned to you? If so, please list the returned items and the value of each item when returned.

Returned Item	Original Value	Current Value	Loss
4. <u>INSURANCE COVE</u>	RAGE:		
Was this loss insured?	Yes	No	
If yes, please provide the fol	lowing information:		
Name of Insurance Compan	y:		
Name of Agent/Adjuster: _			
Address of Agent/Adjuster:			
Phone Number of Agent/A	ljuster:		
Policy Number:		Claim Number:	
Deductible (if any): \$			
Total Amount Paid by Insur	ance: \$		
5. <u>TOTALS</u>			
Total Loss or Damage	2	\$	
Less Insurance Payme	ent (if any)	(	)
Total Out of Pocket L	oss for You	\$	

## 6. <u>COMMENTS:</u>

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