

2. INCLUDE DOCUMENTATION

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

3. RETURNED ITEMS

Have any items been returned to you? If so, please list the returned items and the value of each returned item.

Returned Item	Original Value	Current Value	Loss

4. INSURANCE COVERAGE

Was this loss insured? Yes _____ No _____

If yes, Please Provide the following information:

Name of Insurance Company: _____

Name of Agent/Adjuster: _____

Address of Agent/Adjuster: _____

Phone Number of Agent Adjuster: _____

Policy Number: _____ Claim Number: _____

Deductible (if any): \$ _____

Total amount paid by insurance: \$ _____

5. TOTALS

Total Loss or Damage \$ _____

Less Insurance Payment (if any) (_____)

Total out of Pocket Loss for You \$ _____

6. RESTITUTION INTEREST

Pursuant to RCW 10.82.090, the court may impose or waive interest on restitution. Please indicate below any reason that you would experience financial hardship if interest is not imposed.

7. COMMENTS

Please include any comments or further information 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:

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