VICTIM'S RESTITUTION ESTIMATE PROPERTY DAMAGE OR LOSS

Name:			
Mailing	Address:		
Phone:	Home:	Message:	
	Work:	Fax:	
State of	Washington v.		
Chelan	County Cause No		
Charge((s):		
are recove to make n	information available to you at ered and returned or estimates a ecessary changes. It is importar your loss to provide to the court	re higher or lower) plont that we have accura	ease contact this office
	TOTAL AMOUNT OF DAMAGE List all the items missing or damaged ar	-	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. 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 Val	lue	Current Value	Loss
4. <u>INSURANCE C</u>	<u>OVERAGE</u>			
Was this loss insured?	Ye	s	No	
If yes, Please Provide the	e following informati	ion:		
Name of Insurance Com	pany:			
Name of Agent/Adjuster	:			
Address of Agent/Adjust	ter:			
Phone Number of Agent				
Policy Number:		_ Claim Numb	oer:	
Deductible (if any): \$				
Total amount paid by ins	surance: \$	_		
5. TOTALS				
Total Loss or Da	mage		\$	
Less Insurance P	ayment (if any)		(
Total out of Pock	et Loss for You		\$	

6. RESTITUTION INTER	REST	
	· · · · · · · · · · · · · · · · · · ·	se or waive interest on restitution. Pleas
imposed.	n that you would experien	nce financial hardship if interest is not
imposed.		
7. COMMENTS Please include any comm with respect to your loss		on which you feel m ay 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 Re	presentative	Date
Printed Name of Victim or I	Representative	
Return Form and Information	to:	

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