

Please update your address and phone number(s) here so that we have your current information for our file. We use the information you provide us to send you notice of important case events. This information is for the District Attorney's office use only

Your name: _____ Date of Birth _____
 Mailing Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

RETURN THIS FORM TO:

Linn County District Attorney, Victim Services Program
 PO Box 100, Albany, OR 97321
 Phone: 541-967-3805 Fax: 541-928-3501

RESTITUTION INFORMATION FORM

DA Case #(s): _____ Defendant(s): _____
 Victim Name: _____

What is restitution?

Restitution is the money the Court may order a defendant to pay a victim for certain losses, including stolen or damaged property, medical bills, needed counseling or lost wages. Restitution is only considered for losses directly related to the charge(s) against the defendant(s). The judge in a criminal court cannot order a defendant to pay for a victim's pain and suffering.

How do I fill out this form?

You may have different kinds of losses as a result of the crime. Fill out each section that applies to you. Attach proof of your losses whenever possible, such as copies of receipts, invoices, canceled checks, bills of sale, repair estimates, photographs of items, copies of owner manuals, etc. Use additional paper to write your information if needed. You may only claim restitution for what insurance did **not** cover. **If you need help filling out this form, call (541-967-3805) or come by the Victim Services office. We will be happy to assist you.**

RETURN THIS INFORMATION TO THE DISTRICT ATTORNEY'S OFFICE WITHIN 10 DAYS.

Your signature below means that the information you provide on this form and any estimates or receipts you attach are true and correct to the best of your knowledge:

 Signature Date

Authorization for Release of Billing Information

I agree to the release of medical billing information from any hospital, physician, counselor or medical facility that relates to the treatment of injuries of _____ (patient name) on or about the date of _____ to the Linn County District Attorney's Office.

 Signature of Patient, Parent or Guardian Date

Personal Property

List any personal property that was stolen or destroyed. Estimate the property's worth **at the time** the crime occurred. This amount is not the same as the purchase price. (For example: A TV purchased 5 years ago for \$400 may be worth \$50-75 today.) List any personal property that was damaged in the crime. **Attach repair estimates or actual repair bills. Remember to attach proof of your losses whenever possible.**

List property stolen, destroyed or damaged.	Did you receive an estimate for repair or replacement?	Did insurance cover this item?	What was the estimated value at the time of loss?	How much did insurance cover?
	YES / NO	YES / NO	\$	\$
	YES / NO	YES / NO	\$	\$
	YES / NO	YES / NO	\$	\$
	YES / NO	YES / NO	\$	\$
	YES / NO	YES / NO	\$	\$

Attach additional pages if necessary **YOUR TOTAL COST \$** _____

Did you submit a claim to your insurance to cover costs related to this crime? If yes, answer the questions below.

Your Insurance Company & Agent:	
Insurance Company Address & Phone Number:	
Policy Number:	Claim Number:
Was the claim paid or is it pending?:	Your deductible: \$

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Medical and Counseling Costs

If you needed medical treatment or mental health counseling as a result of the crime, list the type of treatment you

Name of the Doctor or Counselor Address and Phone Number	Treatment received?	How many visits have you had?	How many more visits do you	Who paid for your visit(s)? You or insurance?	Total cost of visit(s) and co- pay
					\$
					\$
					\$

Attach additional pages if necessary

YOUR TOTAL COST \$ _____

Do you have health insurance? If yes, please answer the questions below.

Name, address & phone number of your health insurance company:	
Your Policy Number:	Your co-pay amount OR percentage: \$

Other Crime-Related Costs

Examples: fees you paid to change your bank or credit card account, costs of changing locks at your home, transportation to and from medical appointments, medical equipment, etc. **Please attach receipts.**

Expense Description	Who paid for this expense? You or insurance?	Cost
		\$
		\$
		\$

Attach additional pages if necessary

YOUR TOTAL COST \$ _____

Lost Earnings

You may be able to recover wages if you had to take time off from work because of the crime. Provide the following information and **attach employer verification of the time you lost.**

Employer's Name & Address:	
Job Title:	Did you use sick leave?: YES NO
Number of hours/days taken off:	Amount of lost wages:

Office use only:	Attached Documentation? YES NO
Restitution summary written? YES NO	
Have third party payers been identified? YES NO	
Identified Co-Defendant(s)/LCC #'s: _____	
Total Restitution Requested: \$ _____	