

**PLEASE RETURN PROMPTLY
VICTIM'S RESTITUTION ESTIMATE**

Being a victim of a crime you have the right to seek restitution from the defendant according to RCW 9.030 (15), this includes medical bills or counseling. Please submit documentation in the form of receipts, and/or quotes or estimates for repairs if this is a property crime. Please return this form within 30 days. If we do not hear from you we will assume there is no restitution.

RE: STATE V. DEPUTY PROSECUTOR
CASE # CAUSE

CRIME CHARGED:
NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____
HOME WORK MESSAGE

MEDICAL EXPENSES

Include costs of hospitalization, doctor visits, counseling, etc. COPIES OF RECEIPTS MUST BE ATTACHED.

<u>MEDICAL EXPENSE</u>	<u>AMOUNT</u>	<u>MEDICAL EXPENSE</u>	<u>AMOUNT</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Cost of All Medical Expenses:			\$ _____

MEDICAL INSURANCE COVERAGE:

Have you filed a claim with your insurance company? YES ___ NO ___
For What Amount? _____ Amount Insurance Company Paid? _____ My Loss or Amount of Deductible, if any? _____
NAME OF INSURANCE COMPANY: _____ EMAIL: _____
ADDRESS: _____
PHONE: _____ AGENT'S NAME: _____ CLAIM NUMBER: _____

PROPERTY, MONETARY, OR OTHER EXPENSES

Please list and place a value on each item. COPIES OF RECEIPTS OR WRITTEN ESTIMATES WILL BE REQUIRED BY THE COURT.

<u>ITEM</u>	<u>VALUE</u>	<u>ITEM</u>	<u>VALUE</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Cost of All Property Expenses:			\$ _____

PROPERTY INSURANCE COVERAGE:

Have you filed a claim with your insurance company? YES ___ NO ___
For What Amount? _____ Amount Insurance Company Paid? _____ My Loss or Amount of Deductible, if any? _____
NAME OF INSURANCE COMPANY: _____ EMAIL: _____
ADDRESS: _____
PHONE: _____ AGENT'S NAME: _____ CLAIM NUMBER: _____

Please feel free to attach any other information you feel necessary, or for assistance, call the Victim/Witness Assistance unit Adult Felony 477-3646 Juvenile 477-2525.

SIGNATURE _____ DATE _____

RETURN TO:

Victim - Witness Unit
PSB-1
County-City Public Safety Building
1100 W Mallon
Spokane WA 99260-2043