

Washington County Attorney's Office  
VICTIM'S RESTITUTION STATEMENT



State vs. \_\_\_\_\_ Case # \_\_\_\_\_

**Please fill out and return, if you have suffered any losses due to this crime.**

Victim's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship \_\_\_\_\_

Next-of-Kin Phone: \_\_\_\_\_

**Only fill in those areas that apply to your case, attach a separate list if more room is needed.**

1. Please describe the type of offense in which you were a victim:

2. As a result of this crime, were you physically injured? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the extent of your injuries.

3. Did you require medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the amount of expenses incurred to date as a result of this incident: \$ \_\_\_\_\_

If total amount is unknown at this time, what amount is anticipated: \$ \_\_\_\_\_

***(Please attach a copy of your medical bills, and a copy of your treatment plan for the future, if any.)***

Will you have ongoing medical treatment or physical therapy or counseling? Yes \_\_\_\_\_  
No \_\_\_\_\_

Were any of your medical expenses covered by insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much has been paid by the insurance company? \$ \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

What is your Total amount of Out of Pockets Expenses to date: \$ \_\_\_\_\_

**4. Did you suffer any monetary loss, property loss, or property damage due to this crime?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Do not include property that is held in evidence or located at a pawn shop, list only property or loss that was not recovered. List each item below including the value. *(Describe what was lost, damaged, or repaired; attach a copy of estimate or bill of repairs, if available). If you need additional space please provide a letter attached to this form.*

ITEM	DESCRIPTION	VALUE

What is the **TOTAL** amount of restitution you are claiming \$ \_\_\_\_\_

**5. Were any of your property losses or damages covered by insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much have you received from your insurance company? \$ \_\_\_\_\_

How much was your deductible? \$ \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

***(If you have insurance documentation or other information itemizing such losses, please attach.)***

**6. Was any of your property recovered by the police and returned to you?** Yes \_\_\_\_\_ No \_\_\_\_\_

Is any of your property being held by police in evidence? Yes \_\_\_\_\_ No \_\_\_\_\_

List items that were returned to you or that are being held in evidence.

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7. Was any of your property held b a Pawn Shop? Yes\_\_\_\_\_ No\_\_\_\_\_  
If so, did you pay the Pawn Shop and retrieve your property? Yes\_\_\_\_\_ No\_\_\_\_\_  
How much did you pay the Pawn Shop? \$\_\_\_\_\_

List all items that are still being held at the Pawn Shop.

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8. Did you have fraudulent charges to your bank account, debit card, or credit card? Yes\_\_\_\_\_ No\_\_\_\_\_  
If yes, were these fraudulent charges covered by your bank or your credit card company?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide the name of your bank or credit card company, your account number, date and amount of the fraudulent charge and their fraud department phone number.

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9. Has this crime affected your ability to earn a living? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe your employment and specify how and to what extent your ability to earn a living has been affected (days lost from work, wage loss, etc.). *(Please attach the appropriate documentation regarding your losses.)*

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10. Has this crime in any way affected your lifestyle or your family's lifestyle or caused any lasting effects for you or your family? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain:

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**Please sign that the above statements are true to the best of my knowledge and belief:**

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***Victim's Signature***

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***Date***