

## VICTIM RESTITUTION ESTIMATE

(Please complete and return this form as soon as possible. If you do not return this form quickly, the prosecutor may presume you do not want the court to order restitution to you to pay for any damage done to you or your property.)

RE: State V. \_\_\_\_\_ CASE NO. \_\_\_\_\_  
(Defendant's Name)

VICTIM NAME:

VICTIM ADDRESS:

VICTIM HOME PHONE:

VICTIM WORK PHONE:

VICTIM CELL PHONE:

**The defendant may challenge any of your figures; you may be required to testify. In order for the prosecutor to clearly present your loss to the Court, YOU SHOULD INCLUDE COPIES OF ANY PURCHASE/REPAIR RECEIPTS AND VALUE OF DAMAGED OR STOLEN ITEMS, AS WELL AS ANY MEDICAL OR OTHER BILLS, OR ANY OTHER DOCUMENTATION IF APPLICABLE.**

**Property Loss/ Damage:** *All losses listed must be a direct result of this crime. Please include copies of bills, repair estimates, proof of wages/salary for time lost, etc. that support your stated value of loss. Restitution cannot be sought on items returned or in evidence that are not damaged. You should contact law enforcement to inspect any items in evidence for damage.*

Item Description- (Damaged or Unrecovered Items)	Cost to repair or replace
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$

**MEDICAL EXPENSES:** *All medical expenses listed must be a direct result of this crime. Please include copies of all medical bills or invoices, counseling receipts, etc.*

<b>Treatment Provider: Name/Address/Phone</b>	<b>Description of Injury/Treatment</b>	<b>Cost</b>
		\$
		\$
		\$

(Please attach a separate piece of paper if you need more room.)

**INSURANCE COVERAGE:** *Applies to property and medical losses.*

**Was this loss/injury submitted to your insurance? YES or NO**

Name of insurance company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agent: \_\_\_\_\_ Claim and/or Policy Number: \_\_\_\_\_

Deductible \$: \_\_\_\_\_ Total paid by insurance \$: \_\_\_\_\_

**Was this injury submitted to Crime Victims Compensation? YES or NO**

CVC Claim No: \_\_\_\_\_

Crime Victims Compensation is a payer of last resort. Personal insurance must be exhausted first before CVC will cover any losses. CVC will not pay for any property loss or damage.

\* Please feel free to attach any other information you feel necessary or for assistance call the Whitman County Prosecutor's Office (509) 397-6250.

**\*\* PLEASE BE ADVISED THAT COPIES OF ALL INFORMATION SUBMITTED MUST BE MADE AVAILABLE TO THE DEFENSE COUNSEL. YOU MAY REDACT/BLOCK OUT ANY PERSONAL INFORMATION FROM RECEIPTS BEFORE YOU PROVIDE THEM TO OUR OFFICE.**

VICTIM SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return to: Whitman County Prosecutor  
 Attn: Victim/Witness Unit  
 400 N. Main Street  
 PO Box 30  
 Colfax, WA 99111-0030