

**Clatsop County District Attorney Victim Services**

PO Box 149 • 749 Commercial Street

Astoria, Oregon 97103

(503) 325-8581

[da@co.clatsop.or.us](mailto:da@co.clatsop.or.us)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_  
Phone: \_\_\_\_\_

**PROPERTY DAMAGE OR LOSS**

NOTE: If you want the judge to order the defendant to pay restitution, you must provide us proof of your loss if available.

Defendant \_\_\_\_\_

DA Case No. \_\_\_\_\_

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1). Please detail the monetary losses you have incurred as a result of this crime. List only those items that were **not** recovered by the police or that were damaged. Please enclose documentation such as copies of bills, receipts, and insurance claims.

Description of Item and/or Damage	Value of Item or Cost of Repair
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2). Please itemize/list any additional **expenses** that you incurred as a result of this crime.

_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Loss Amount: \$** \_\_\_\_\_

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3). **Insurance:** If insurance may help cover your losses, please complete the following:

Insurance Company \_\_\_\_\_ Claim No. \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Amount actually paid/to be paid by insurance \$ \_\_\_\_\_ Your deductible \$ \_\_\_\_\_

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**Please check proper box. Sign and date form.**

☐ No restitution is requested in this matter.

☐ Defendant's insurance has paid all expenses.

☐ Restitution is requested in this matter.

☐ Supporting documents enclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please respond with all of your restitution information as soon as possible to the email or mailing address above.**

**If you do not, the court may not have sufficient information to order restitution from the defendant.**