

PAIGE E. CLARKSON

DISTRICT ATTORNEY



MARION COUNTY DISTRICT ATTORNEY

P.O. BOX 14500, 555 COURT ST NE
SALEM, OREGON 97309

KEIR E. BOETTCHER
BRENDAN P. MURPHY
AMY M. QUEEN
DAVID R. WILSON
ADULT PROSECUTION
TRIAL TEAM SUPERVISORS

DAWN THOMPSON
ADMINISTRATIVE SERVICES
MANAGER

CONCETTA F. SCHWESINGER
SUPPORT ENFORCEMENT
TRIAL TEAM SUPERVISOR

SUSANA ESCOBEDO
VICTIM ASSISTANCE DIRECTOR

ROBERT ANDERSON
CHIEF MEDICAL LEGAL DEATH
INVESTIGATOR

RESTITUTION INFORMATION

VICTIM'S FULL NAME:							
MAILING ADDRESS:							
CITY		STATE		ZIP CODE			
PHONE	(HOME)		(CELL)		(OTHER)		
DEFENDANT:	Auto populate						
DA CASE #:	Auto populate			DDA:	Auto populate		

Please itemize actual financial loss such as unrecovered/damaged property or medical bills. If more space is needed you may attach additional sheet(s). If your insurance covered any of the losses, please make sure that you have a claim number, date of loss and phone number of your insurance company so we may seek a restitution order for them as well. We are **NOT** able to include information relating to compensation for pain and suffering.

PROPERTY / DAMAGE DESCRIPTION		VALUE / DAMAGE
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
TOTAL LOSS / DAMAGE		\$

INSURANCE COMPANY:					
POLICY #:		CLAIM #:			
DEDUCTIBLE:	\$	PAID BY INSURANCE:	\$		

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE:

PRINTED NAME OF PERSON COMPLETING THIS FORM

PHONE:

Please include copies of any receipts or estimates (write the DA number on all pages). You may fax the form and supporting documentation to 503 373-4348 or you may mail them to:

Victim Assistance Division, Restitution
PO Box 14500
Salem, OR 97309