



RESTITUTION REPORT FORM

Please complete the following form and return it to Wasco County Youth Services on or before _____.

VICTIM: _____

SUSPECT(S): _____

ADDRESS: _____

OFFENSE: _____

TELEPHONE: (Home) _____

(Work) _____

PLEASE CHECK APPROPRIATE BOX/BOXES AS THEY APPLY:

- I do not wish to be involved further or to make any claims through the Juvenile Court.
- I wish to be notified of the date and time of any formal hearing in my case.
- I do not object to being contacted by the juvenile/juvenile's parents.
- I wish to be contacted by the Youth Services Counselor.
- I wish to have the Youth Services consider the following information in my claim for restitution.

BRIEF DESCRIPTION OF DAMAGES:



YOUTH SERVICES

202 East Fifth Street • The Dalles, OR 97058
p: [541] 506-2660 • f: [541] 506-2661 • www.co.wasco.or.us

Pioneering pathways to prosperity.

ITEMS DAMAGED OR STOLEN: (Please indicate items recovered.)

Item	Value	Item	Value
_____ ()	_____	_____ ()	_____
_____ ()	_____	_____ ()	_____
_____ ()	_____	_____ ()	_____
_____ ()	_____	_____ ()	_____
_____ ()	_____	_____ ()	_____

INSURANCE INFORMATION:

No Insurance Partial Coverage Complete Coverage
 Deductible: \$ _____

INSURANCE COMPANY NAME:

AGENT: _____

ADDRESS: _____

TELEPHONE: _____

CLAIM NUMBER: _____

TOTAL LOSS:	\$ _____
Less Insurance Payment	\$ _____
Less Recovered Items	\$ _____
TOTAL RESTITUTION REQUESTED	\$ _____

Please attach repair estimates, receipts for purchase of replacement items and any other available proof of value.

I hereby state that this information is correct to the best of my knowledge and I hereby request compensation in this matter.

Signature

Date