



ALBANY POLICE DEPARTMENT
VICTIM ASSISTANCE

2600 Pacific Boulevard SW, Albany OR 97321
police.cityofalbany.net
Fax: 541-928-6692

Restitution Information Form

Please update your address and phone number here so that we have your current information for our file. We use this information to send you notice of important case events.

This information is for the use of the Albany Municipal Court and Albany City Attorney.

Your name: _____ Date of birth: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Your mailing address: _____

RETURN THIS FORM AS SOON AS POSSIBLE TO:

Albany Police Department
Attn: Mike Davis, Victim Assistant Specialist
2600 Pacific Boulevard SW
Albany, OR 97321-5073

APD case number: _____

Defendant(s) name: _____

Victim(s) name: _____

What is Restitution?

Restitution is the money the court may order a defendant to pay a victim for certain losses, including stolen or damaged property, medical bills, counseling or lost wages. Restitution is only considered for losses directly related to the charge(s) against the defendant(s). *The judge in a criminal court cannot order a defendant to pay for a victim's pain and suffering.*

In the space provided below, please list all restitution you are requesting.

Please be as descriptive as possible. Attach any documentation the pertains to your restitution request (receipts, estimates, pay stubs, medical bills, etc.)

DESCRIPTION OF LOSS	COST	AMOUNT COVERED BY INSURANCE (IF ANY)

Attach additional pages if necessary.



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Did you submit a claim to your insurance to cover costs related to this crime?

If yes, please answer the questions below.

Your insurance company and agent:		
Policy number:	Claim number:	Is the claim paid or pending? _____ YES _____ NO
Amount insurance paid:	Deductibles:	

You may be able to recover wages if you had to take time off from work because of the crime.

Please provide the following information and attach employer verification of the time you lost. *Please note that restitution cannot be ordered if sick and/or vacation time was used.*

Employer name and address:	
Did you use sick leave and/or vacation time? _____ YES _____ NO	Hourly wage:
Job title:	
Number of hours/days taken off:	Total:

Your signature below specifies that the information, estimates and/or receipts you provided are true and correct to the best of your knowledge.

Signature

Date