DATE MAILED: MAY 18, 2006

PLEASE RETURN PROMPTLY VICTIM'S RESTITUTION ESTIMATE

Being a victim of a crime you have the right to seek restitution from the defendant according to RCW 9.030 (15), this includes medical bills or counseling. Please submit documentation in the form of receipts, and/or quotes or estimates for repairs if this is a property crime. Please return this form within 30 days. If we do not hear from you we will assume there is no restitution.

CRIME CHANAME:	IARGED:			
	MICED.			
DDI LOO.	STREET	CITY	STATE	ZIP
LIONE:	STREET	JII 1	JIAIL	211
HONE:	HOME	WORK	MESSAGE	
			WPENOPO	
clude cos	sts of hospitalization, doc	MEDICAL E tor visits, counseling, etc. COPIES (EXPENSES DE RECEIPTS MUST BE ATTACHED.	
ME	EDICAL EXPENSE	AMOUNT	MEDICAL EXPENSE	AMOUNT
		\$		\$
		c		\$
		\$		\$
				\$
			Total Cost of All Medical Expenses:	\$
EDICAL I	INSURANCE COVERAG	E:	·	
ave you fil	iled a claim with your insເ	rance company? YES	NO	
				if any?
or What A	\mount? An	nount Insurance Company Paid?	My Loss or Amount of Deductible	, ii aiiy :
AME OF I	INSURANCE COMPANY	•	My Loss or Amount of Deductible EMAIL:	
AME OF I	INSURANCE COMPANY :	•	EMAIL:	
IAME OF I	INSURANCE COMPANY :	•	EMAIL:	
AME OF I	INSURANCE COMPANY :	•	EMAIL:	
AME OF I	INSURANCE COMPANY :	•	EMAIL: CLAIM NUMBER:	
AME OF I RESS: HONE:	INSURANCE COMPANY AG and place a value on eac	ENT'S NAME:	CLAIM NUMBER:, OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIR	RED BY THE COURT.
AME OF I RESS: HONE:	INSURANCE COMPANY:AG	ENT'S NAME:	CLAIM NUMBER:, OR OTHER EXPENSES	RED BY THE COURT. VALUE
AME OF I RESS: HONE:	INSURANCE COMPANY AG and place a value on eac	ENT'S NAME:	CLAIM NUMBER:, OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIR	RED BY THE COURT.
AME OF I RESS: HONE:	INSURANCE COMPANY AG and place a value on eac	ENT'S NAME: PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$	CLAIM NUMBER: , OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIREM	RED BY THE COURT. VALUE
AME OF I RESS: HONE:	INSURANCE COMPANY AG and place a value on eac	ENT'S NAME: PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE	CLAIM NUMBER: , OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIR	RED BY THE COURT. VALUE \$
AME OF I RESS: HONE:	INSURANCE COMPANY AG and place a value on eac	ENT'S NAME: PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$ \$	CLAIM NUMBER: , OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIRITEM	RED BY THE COURT. VALUE
AME OF II RESS: HONE: ease list a	INSURANCE COMPANY AG and place a value on eac ITEM Y INSURANCE COVERA	PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$ \$ \$	CLAIM NUMBER: OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIR ITEM Total Cost of All Property Expenses:	RED BY THE COURT. VALUE \$
AME OF I RESS: HONE: ease list a	AG and place a value on each ITEM Y INSURANCE COVERA iled a claim with your insu	PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$ \$ \$ \$ \$ GE: urance company? YES	CLAIM NUMBER:, OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIRED ITEM Total Cost of All Property Expenses:	RED BY THE COURT. VALUE \$ \$ \$ \$
RESS: HONE: ease list a	Amount? AG	PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$ \$ \$ \$ GE: Irrance company? YES nount Insurance Company Paid?	CLAIM NUMBER: CLAIM NUMBER: OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIR ITEM Total Cost of All Property Expenses: NO My Loss or Amount of Deductible	RED BY THE COURT. VALUE \$ \$ \$ \$ \$ \$, if any?
RESS: HONE: ease list a ROPERTY ave you fill or What A	INSURANCE COMPANY	PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$ \$ \$ \$ GE: Irrance company? YES nount Insurance Company Paid?	CLAIM NUMBER:, OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIRED ITEM Total Cost of All Property Expenses:	RED BY THE COURT. VALUE \$ \$ \$ \$ \$ \$, if any?
ROPERTY ave you fill DDRESS:	INSURANCE COMPANY : AG and place a value on eac ITEM Y INSURANCE COVERA iled a claim with your insulation and the company INSURANCE COMPANY : Am	PROPERTY, MONETARY h item. COPIES OF RECEIPTS OR VALUE \$ \$ \$ \$ AGE: Irrance company? YES inount Insurance Company Paid?:	CLAIM NUMBER: CLAIM NUMBER: OR OTHER EXPENSES WRITTEN ESTIMATES WILL BE REQUIR ITEM Total Cost of All Property Expenses: NO My Loss or Amount of Deductible	RED BY THE COURT. VALUE \$ \$ \$ \$ \$ \$, if any?

RETURN TO:

Victim - Witness Unit PSB-1 County-City Public Safety Building 1100 W Mallon Spokane WA 99260-2043