

**FINANCIAL LOSS FORM**

Victim's Name: \_\_\_\_\_

Offending Youth Name : \_\_\_\_\_

We ask that this information be returned to the above address **no later than 15 days** from the date of this form. **Please attach copies of any estimates/bills to support your claim.** Please note that should you have a change of address, it is important that you notify the juvenile department of this change.

**PROPERTY LOSS:**

Please list items that have NOT been recovered (property held as evidence is recoverable and should not be listed here.)

Property Description:	Property Value:	Replacement cost:
_____		
_____		
_____		
_____		
_____		

**Insurance Company Information (Complete only if you have made or expect to make a claim.)**

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Claim number: \_\_\_\_\_

Do you have an insurance claim pending? \_\_\_\_\_

Did you insurance cover your total loss? \_\_\_\_\_

Did the youth offender's insurance cover your loss? \_\_\_\_\_

Insurance deductible: \_\_\_\_\_

**PERSONAL LOSS:** If you suffered injuries that required medical attention as a result of a crime, please indicate your expenses:

Injury/treatment: \_\_\_\_\_ Provider:Account#: \_\_\_\_\_ Total Cost to Date: \_\_\_\_\_

---

---

---

---

**Insurance Company Information (Complete only if you have made or expect to make a claim.)**

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Claim number: \_\_\_\_\_

Do you have an insurance claim pending? \_\_\_\_\_

Did your insurance cover your total loss? \_\_\_\_\_

Did the youth offender's insurance cover your loss? \_\_\_\_\_

Insurance deductible: \_\_\_\_\_

**OTHER CRIME -RELATED EXPENSES:** Please use this section to list any expenses you had because of this crime that you have not yet listed.

Expense description: \_\_\_\_\_ Total Cost to Date: \_\_\_\_\_

---

---

---

---

If you are injured by crime, you may be eligible for money from Crime Victims' Compensation Program. The CVCP does not pay for property crime expenses.

Have you applied to the Crime Victims' Compensation Program? \_\_\_\_\_

Status: \_\_\_\_\_ Claim#: \_\_\_\_\_

My signature below affirms that the information I have given on this form and any estimates or receipts I submit with it are true and correct to the best of my knowledge. I understand that my request for restitution must be directly related to the loss I experienced as a result of the crime. I understand that if I make a false restitution claim, I could be prosecuted for a crime under Oregon law.

Victim Signature: \_\_\_\_\_ Date: \_\_\_\_\_