



3. Do you have any out of pocket expenses caused by this person's criminal act in this case? If yes, please note what the expenses were for such as medical costs and/or estimated cost of repair/damage. Attach any documentation validating the cost/expenses. Please note that the Court can only order restitution for injury and/or loss of property (actual damage) or insurance deductible amounts (for example...if the damage to your car was \$1500 and your deductible is \$500.00 then your out of pocket expense is \$500.00 so the Court would order the person to pay you \$500.00 and your insurance company would decide whether or not to go after defendant for additional reimbursement). Restitution ordered can only cover what YOU paid out of pocket. Please list items/costs:

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4. What would you like to see happen at sentencing? Do you believe that the defendant should be ordered to do jail, probation, chemical dependency treatment, be required to do urine or breath testing, domestic violence treatment, parenting classes, mental health treatment, pay you back for expenses, be ordered to stay away from you, other suggestions?

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Your Signature and date: \_\_\_\_\_

Please help us stay in touch with you by confirming the following:

Address: \_\_\_\_\_

Phone Numbers (Home/Cell/Work): \_\_\_\_\_

E mail: \_\_\_\_\_

Please mail or deliver this completed form to City of Olympia Prosecutor's Office, 900 Plum Street SE, Olympia, WA 98507. If you have any questions or need further assistance, please give us a call at (360) 753-8408.