

WINCHESTER COMMONWEALTH'S ATTORNEY'S VICTIM WITNESS PROGRAM

Marc H. Abrams - Commonwealth's Attorney

Jim Pearce - Victim Witness Director

Mandy Vecero - Victim Witness Assistant Director

Tina Fitzwater - Office Administrator

NEW ADDRESS - 24 Rouss Ave, Suite 200

Winchester, Virginia 22601

NEW NUMBER - (540) 722-7940

Fax: (540) 665-9087

RESTITUTION REQUEST FORM

**** (Please fill out this form completely, and forward it back to this office as soon as possible) ****

Victims Name: _____

Street Address: _____ APT# _____

City, State: _____ ZIP _____

Phone #: Home- _____ Work- _____ Cell- _____

Police officer who took report (if known): _____

Defendant(s) Name (if known): _____

Date of the loss: _____

Type of loss: (ex.-stolen or destroyed property, medical bills etc.) _____

Please write down the items that were damaged or stolen from you and the amount it would cost to replace them. (please enclose any estimates or bills you may have.)

Itemized list of loss: _____ \$

_____ \$

_____ \$

_____ \$

_____ \$

TOTAL \$ _____

This information is true and correct to the best of my belief and knowledge. I understand that this information will be passed on to the Commonwealth's Attorney's Office for presentation to the court. I understand, that it is up to the Judge to order the amount of restitution owed to me, and the Victim Witness office cannot order restitution.

Victim's name PRINTED

Victims Signature

Today's date

******* PLEASE RETURN THIS FORM TO THE *******

Winchester Victim Witness Program

24 Rouss Ave, Suite 200

Winchester, VA 22601

 **IF YOU DO NOT RETURN THIS FORM, WE WILL ASSUME
YOU DO NOT WANT RESTITUTION FOR YOUR LOSS.**