

# 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*

*Marissa Miller – VW Assistant*

*Leann Curley - VW Assistant*

NEW ADDRESS – 21 S. Kent Street, 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

\_\_\_\_\_  
Victim's Signature

\_\_\_\_\_  
Today's date

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

**Winchester Victim Witness Program**

**21 S. Kent Street, Suite 200**

**Winchester, VA 22601**

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