

VAU COVERSHEET

- Attached paperwork **HAS NOT** been reviewed by a Restitution Investigator for accuracy
- There may be additional victims and losses for this case
- Attached paperwork has not been redacted

VICTIM LOSS STATEMENT

King County Cause Number 19-1-01046-7 SEA

Form must be returned by 2/14/2019**PLEASE COMPLETE & RETURN TO:**

King County Prosecuting Attorney
Attn: Victim Assistance Unit
W554 King County Courthouse
516 Third Avenue
Seattle, WA 98104-2312
(206) 477-3743 FAX (206) 205-6104

PLEASE MAKE
A COPY
FOR YOUR RECORDS

RE: State vs. Timothy Andrew Clemans

CCN: 1969447 Referral: 033657787

Date of Crime: 01/19/2019

Charge: Assault In The Third Degree

1. UNRECOVERED/DAMAGED PROPERTY – List property NOT paid by insurance. Use additional sheets if necessary.

UNRECOVERED PROPERTY	VALUE	DAMAGED PROPERTY	VALUE

You must INCLUDE RECEIPTS/INVOICES AND/OR ADS for the same or similar item.
Unsupported values will not be accepted.

2. PROPERTY INSURANCE INFORMATION – Did you submit an insurance claim? ☐ Yes ☐ NoIf yes, please fill out the following completely:

Insurance Company _____

Your Claim # _____

Insurance Adjuster _____

Phone Number _____

Deductible Amount _____

3. MEDICAL/DENTAL/COUNSELING COSTS – List treatment. Use additional sheets if necessary.

TREATMENT	COST	TREATMENT	COST

You must INCLUDE ITEMIZED BILLS AND EXPLANATION OF BENEFITS (if submitted to insurance).
Unsupported values will not be accepted.

4. IF APPLICABLE - MEDICAL/DENTAL/COUNSELING INFORMATION –Did you have medical insurance at the time of injury? ☐ Yes ☐ NoInsurance Provider _____ Did you miss work due to your injuries? ☐ Yes ☐ NoDo you anticipate having future medical/dental/counseling expenses? ☐ Yes ☐ No**5. WAIVER OF RESTITUTION – ☒ Please check ONLY if you have no loss or you do not wish to pursue restitution.**

6. SIGN HERE – I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is a true and correct summary of the losses I incurred as a result of the crime investigated under the above cause number.

[Signature] JUSTIN BEDFORD 02/03/2019
Signature Printed Name Date
810 VIRGINIA ST SEATTLE WA 98101
Address City State Zip
(509) 205-8606 SEATTLE P.D. ☐ CHECK IF THIS IS A NEW ADDRESS
Contact Phone Number Business Name (if applicable)