



# RESTITUTION REVIEW

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOC number

\_\_\_\_\_  
Evidence case number

\_\_\_\_\_  
Infraction date

|    | ITEMS DESTROYED/<br>DAMAGED | EXTENT OF<br>DAMAGE | REPLACEMENT<br>COST | RESTITUTION<br>VALUE | QUANTITY | SUBTOTAL |
|----|-----------------------------|---------------------|---------------------|----------------------|----------|----------|
| 1  |                             |                     |                     |                      |          |          |
| 2  |                             |                     |                     |                      |          |          |
| 3  |                             |                     |                     |                      |          |          |
| 4  |                             |                     |                     |                      |          |          |
| 5  |                             |                     |                     |                      |          |          |
| 6  |                             |                     |                     |                      |          |          |
| 7  |                             |                     |                     |                      |          |          |
| 8  |                             |                     |                     |                      |          |          |
| 9  |                             |                     |                     |                      |          |          |
| 10 |                             |                     |                     |                      |          |          |

Replacement cost obtained from:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual's statement of why restitution should/should not be paid:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount of restitution the individual believes to be fair: \$ \_\_\_\_\_

As a result of a disciplinary hearing in accordance with WAC 137-28-350 and this review, the sanction will include restitution in the amount of: \$ \_\_\_\_\_

\_\_\_\_\_  
Hearing Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I have received a copy of this form.**

\_\_\_\_\_  
Individual's signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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