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DISTRICT ATTORNEY



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SUPPORT ENFORCEMENT
TRIAL TEAM SUPERVISOR
DAVID WILSON
JUVENILE DIVISION
TRIAL TEAM SUPERVISOR
SUSANA ESCOBEDO
VICTIM ASSISTANCE DIRECTOR
ROBERT ANDERSON
CHIEF MEDICAL LEGAL DEATH
INVESTIGATOR

DAWN THOMPSON
ADMINISTRATIVE SERVICES MANAGER

MARION COUNTY DISTRICT ATTORNEY
P.O. BOX 14500, 555 COURT ST NE
SALEM, OREGON 97309

Fill out form, cut on dotted line and fax OR mail to address above

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NOTICE OF DELINQUENT RESTITUTION PAYMENTS

COURT CASE #: _____ DA CASE #: _____
DATE OF JUDGMENT: _____ LAST PAYMENT DATE: _____
DEFENDANT'S NAME: _____
VICTIM'S NAME: _____ PHONE #: _____
VICTIM'S MAILING ADDRESS: _____

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***NOTICE TO MARION COUNTY VICTIM ASSISTANCE
REGARDING CHANGE OF ADDRESS FOR RESTITUTION PAYMENTS***

Fill out and mail to:
MARION COUNTY VICTIM ASSISTANCE
PO BOX 14000
SALEM OR 97309
OFFICE: 503-588-5253

DATE _____

DEFENDANT _____

COURT CASE # _____

VICTIM _____

DAY PHONE # _____

NEW MAILING ADDRESS _____

DATE LAST PAYMENT RECEIVED _____