## NOTICE TO THE MARION COUNTY PAROLE AND PROBATION REGARDING DELINQUENT RESTITUTION PAYMENTS

Fill out and mail to: MARION COUNTY DEPT. OF CORRECTION DATE \_\_\_\_\_ 4040 AUMSVILLE HWY SE COURT ACCOUNTING 503-588-5601 **SALEM OR 97301** DEFENDANT \_\_\_\_\_ COURT CASE # DAY PHONE # VICTIM \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ DATE OF ORDER \_\_\_\_\_ DATE LAST PAYMENT RECEIVED \_\_\_\_ ...... NOTICE TO THE MARION COUNTY PAROLE AND PROBATION REGARDING DELINOUENT RESTITUTION PAYMENTS Fill out and mail to: MARION COUNTY DEPT. OF CORRECTION DATE 4040 AUMSVILLE HWY SE **SALEM OR 97301** COURT ACCOUNTING 503-588-5601 DEFENDANT \_\_\_\_\_ COURT CASE # DAY PHONE # MAILING ADDRESS \_\_\_\_\_ DATE OF ORDER \_\_\_\_\_ DATE LAST PAYMENT RECEIVED \_\_\_\_ NOTICE TO MARION COUNTY VICTIM ASSISTANCE REGARDING CHANGE OF ADDRESS FOR RESTITUTION PAYMENTS Fill out and mail to: DATE MARION COUNTY VICTIM ASSISTANCE PO BOX 14000 SALEM OR 97309 OFFICE: 503-588-5253 DEFENDANT \_\_\_\_\_ COURT CASE # DAY PHONE # VICTIM NEW MAILING ADDRESS \_\_\_\_\_

DATE LAST PAYMENT RECEIVED \_\_\_\_\_