



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR MASON COUNTY

STATE OF WASHINGTON,)	
)	
Plaintiff,)	NO. 18-1-00276-23
vs.)	18-1-00277-23
)	
BENJAMIN J. SOLANO,)	RESTITUTION ESTIMATE
TAYLOR N. BARRETT,)	
)	
Defendant(s).)	

NAME: Thomas M. Wallinere

MAILING ADDRESS: 3601 E Apache Rd

Shelton CITY WA STATE 98584 ZIP CODE

PHONE: 360-426-5593

HOME WORK MESSAGE

THE DEFENDANT, IF FOUND GUILTY AND CONVICTED, MAY CHALLENGE ANY OF YOUR FIGURES. IN ORDER FOR THE PROSECUTOR TO CLEARLY PRESENT YOUR LOSS TO THE COURT, PLEASE INCLUDE COPIES OF ANY PURCHASES OR REPAIR RECEIPTS AND VALUE OF DAMAGED OR STOLEN ITEMS, ANY MEDICAL OR OTHER BILLS, OR ANY OTHER DOCUMENTATION.

****IF THIS IS NOT DONE, WE CANNOT PROCESS YOUR CLAIM.****

NO RESTITUTION REQUESTED [] RETURN FORM WITH SIGNATURE

YES RESTITUTION REQUESTED [] RETURN FORM WITH SIGNATURE

(If you checked yes, please fill out the additional sheets where necessary. If you checked no, please skip to the back page to sign and date.)

1. **MEDICAL EXPENSES:** (Include any hospitalization, visits to the doctor, counseling, etc.)

(A). Insurance coverage: Tree farm crop NOT INSURED
Name of Company: _____
Address: _____
Policy No.: _____ Group No.: _____
Deductible, if any: \$ _____.

2. **PROPERTY LOSS:** (List all items or damages and the values of each. Also include copies of bills, receipts, etc.)

(A). List any returned items: (State date and how returned; by whom, if damaged, and replacement value.)

10 Adult ~~license~~ ^{license} Cedar Trees Used To make Christmas Wreaths
20 Half Crown Douglas fir Timber Trees

10 license Cedar Trees @ 100.⁰⁰ each \$1000.⁰⁰ / 20 Douglas fir Timber Trees @ 50.⁰⁰ each \$1000.⁰⁰

(B). Was this loss insured? YES _____ NO
Name of Company: _____
Address: _____
Agent: _____ Phone: _____
Policy No.: _____
Deductible, if any: \$ _____
Total amount of insurance coverage: \$ _____.

3. **OTHER EXPENSES:** (Including monetary losses - itemize and place value on each item, ie. loss of work, out-of-pocket expenses, etc.) None

ANY FURTHER COMMENTS:

To set a fire to someone's property is unacceptable behavior!

This person is not well! Put him in jail for his actions!

TM Walliker

TOTAL AMOUNT OF RESTITUTION REQUESTED: \$ 2000.00

I HAVE ATTACHED ALL SUPPORTING DOCUMENTS RELATED TO THIS CLAIM.

DECLARATION:

I, Thomas M. Walliker, DECLARE UNDER PENALTY
(PLEASE PRINT YOUR NAME)

OF PERJURY OF THE LAWS OF THE STATE OF WASHINGTON THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE LOSSES AND EXPENSES WERE ACTUALLY INCURRED BY MYSELF, ON BEHALF OF MYSELF, OR BY MY EMPLOYER AND THAT ANY ATTACHED SUPPORTING DOCUMENTS WHICH ARE INCORPORATED BY REFERENCE ARE TRUE AND CORRECT COPIES.

Signature: Thomas M. Walliker Date: 10/3/18
Shelton, Mason, Washington
City, County, and State Where Signed

Please Mail Form to: Mason County Prosecutor's Office
P.O. Box 639
OR Shelton, WA 98584

Deliver Form to: Mason County Prosecutor's Office
521 N. 4th Street
Shelton, WA 98584