

State of Minnesota

District Court

County

Judicial District: _____
Court File Number: _____
Case Type: Criminal

State of Minnesota,
Plaintiff

vs. **Affidavit for Restitution**

Minn. Stat. §611A.04

Defendant

, being duly sworn, states the following losses were incurred, or the following property was damaged, stolen or destroyed by , defendant.

List the value and/or damage of each property item. Also include other out of pocket losses resulting from the crime. (Attach estimates or receipts. Attach another sheet if necessary.)

\$
\$
\$
\$
\$
\$
\$
\$
TOTAL: \$

My losses/damages (were) (were not) covered by insurance.

Name of insurance company

Policy No.

Amount of deductible

Claim No.

and/or uninsured loss: \$

Insurance claim has been submitted but has not been paid.

Dated:

Signature (Sign only in front of notary public or court administrator.)

Name:

Sworn/affirmed before me this

Address:

day of

City/State/Zip:

Telephone: ()

Notary Public \ Deputy Court Administrator

NOTE: This affidavit for restitution must be completed and returned to the court administrator not later than . Failure to claim restitution will not result in the loss of the right to pursue any other civil remedy available by law.