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| County |
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|--------------------|-------|
| Judicial District: | _____ |
| Court File Number: | _____ |
| Case Type: | Civil |

**Demand for Judicial Determination of Forfeiture of Motor Vehicle
(Minn. Stat. §169A.63, subd. 8)**

| | |
|--------------|--------------------|
| (Name) | |
| (Address) | |
| (City/State) | (Zip Code) |
| (Telephone) | Plaintiff/Claimant |

| |
|------------------------------------|
| (Vehicle Seized-Year, Make, Model) |
|------------------------------------|

vs.

To:

(prosecuting authority)

Complaint:

The plaintiff/claimant in this matter asks for a judicial decision on the forfeiture of the defendant motor vehicle pursuant to Minn. Stat. §169A.63 claiming the vehicle was improperly seized for the following reasons: (Specify why you are making this claim and your interest in the vehicle seized.)

(Use additional sheet(s) if necessary)

1.

2.

3.

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