

State of Minnesota

**District Court
THIRD JUDICIAL DISTRICT
CASE NO. _____**

State of Minnesota
Plaintiff

Vs.

**AFFIDAVIT FOR
RESTITUTION**

_____,
Defendant

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

LOSS DUE TO THIS CRIME

List the value and/or damage to each property item and other out of pocket losses resulting from the crime.

Attach estimates or receipts. Attach additional pages as necessary.

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INSURANCE INFORMATION

Please complete this section if any of your losses or damages were paid by insurance.

Name of Insurance Company:

Police Number:

Claim Number:

€ Insurance claim has been submitted but has not been paid.

Deductible \$

TOTAL LOSS NOT PAID BY INSURANCE

\$

Signed and sworn to before me on

_____, _____.

Signature

Name

Address

Deputy/Notary Public

City and State

Telephone Number

NOTE: This affidavit for restitution must be completed and returned no later than three days before sentencing. Failure to claim restitution will not result in the loss of the right to pursue any other civil remedy available by law.