State of Minnesota **District Court**

County of Rice	Judicial District: Third Court File Number: Case Type: Criminal

State of Minnesota,
Plaintiff

vs.

Affidavit for Restitution
Minn. Stat. §611A.04

_____,
Defendant

Co-Defendants: _____

Co-Defendant file Numbers:_____

_____, 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

I declare under penalty of perjury that everything I have stated in this document is true and correct.

(MN Statute 358.116)

Business/Victim Name: _____
Address:_____

City/State/Zip:_____

Telephone: (_____)_____

***If you wish to keep your address and phone number confidential please put that information on a separate sheet of paper and attach it to this affidavit.**

NOTE: If you do not respond to this notice, restitution will not be ordered in your case. Failure to claim restitution in these proceedings will not result in the loss of the right to pursue any other civil remedy available by law.