

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: Criminal

State of Minnesota

vs.

**Affidavit for Restitution
Minn. Stat. § 611A.04**_____
Defendant

I state 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 _____

Amount of deductible and / or uninsured loss: \$ _____

Claim No. _____

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

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature _____

County and State Where Signed: _____

Name: _____

Address: _____

City/State/Zip: _____

NOTE: This affidavit for restitution must be completed and returned to the court administrator. THIS DOCUMENT WILL BE PROVIDED TO THE DEFENDANT. Failure to claim restitution will not result in the loss of the right to pursue any other civil remedy available by law.