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

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)
(County where Affidavit signed)

_____, 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: _____

Subscribed and sworn to before me this
_____ day of _____, _____.

_____
Notary Public \ Deputy Court Administrator

Address: _____
City/State/Zip: _____
Telephone: _____

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.