State of Minnesota		District Court
County	Judicial District:	
	Court File Number:	
	Case Type: Crin	ninal
State of Minnesota		
VS.	Affidavit for	Restitution
	Minn. Stat.	§ 611A.04
Defendant		
Defendant		
I state the following losses were incurred destroyed by Defendant.	red, or the following property was da	maged, stolen or
List the value and/or damage of each presulting from the crime. (Attach esting	- •	-
		\$
		\$
		\$
		\$
	TOTAL:	\$
My losses/damages (were) (were not) of	covered by insurance.	
Name of insurance company		
Amount of deductible and / or uninsure	ed loss: \$	
Claim No.		
☐ Insurance claim has been submitted	but has not been paid.	
I declare under penalty of perjury that correct. Minn. Stat. § 358.116.	everything I have stated in this docur	ment is true and
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.