

State of Minnesota

District Court

County of Polk

Judicial District: Ninth
Court File Number:
County Atty. File:

State of Minnesota,
Plaintiff

vs.

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

Defendant

I, _____, state the following losses were incurred and/or the following property was damaged, stolen or destroyed by the Defendant.

List the value and/or damage of each property item and/or out of pocket losses resulting from the crime. (Estimates or receipts must be included. Attach another sheet if necessary.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

My losses/damages (were) (were not) covered by insurance.

Insurance Company: _____

Address: _____

Agent: _____ Phone Number: _____

Claim No.: _____ Deductible: _____

Policy No.: _____ Claim has been submitted, but not yet paid.

Additional loss not covered by insurance (please attach explanation): _____

I ask the Court to order the Defendant to make restitution to me in the amount of \$ _____.
 I do not wish to request any restitution.

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

Dated: _____
County and State where signed:

Signature: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone No.: _____