

State of Minnesota,

Plaintiff,

vs.

**AFFIDAVIT FOR RESTITUTION**

**Minn. Stat. §611A.04**

\_\_\_\_\_,'

Defendant.

List the value of and/or damage to each property item. Also include other out-of-pocket losses resulting from the crime. (Attach another sheet if necessary.)

Description	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total:</b>	<b>\$ _____</b>

**YOU MUST ATTACH ESTIMATES OR RECEIPTS TO SUPPORT YOUR CLAIM.**

INSURANCE INFORMATION

(If applicable, must be completed in order to process your claim. Attach another sheet if necessary to provide auto, homeowner's and/or health insurance information).

Insurance Company: \_\_\_\_\_

Deductible Amount: \$ \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Have you submitted a claim? \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

VICTIM INFORMATION

**The undersigned certifies the above losses were incurred, or the above property was damaged, stolen or destroyed, due to conduct of the defendant.**

Victim Name(s): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Victim

\_\_\_\_\_  
Date

Write below to indicate what county and state you are located in when you signed this form.

\_\_\_\_\_  
County

\_\_\_\_\_  
State