

State of Minnesota

District Court

County Sherburne

Judicial District:	Tenth
Court File Number:	71-CR-
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. **(Supporting documents in the form of receipts or estimates are required.** 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.

Business Name (if applicable) _____

Dated: _____

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

County and State Where Signed: _____

NOTE: This affidavit for restitution must be completed and returned to the Sherburne County Attorney's Office. 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.