

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF REDWOOD

FIFTH JUDICIAL DISTRICT

STATE OF MINNESOTA,

**REQUEST FOR RESTITUTION  
AND AFFIDAVIT BY CRIME VICTIM**

Plaintiff,

vs.

District Court File No.:

Defendant.

STATE OF MINNESOTA )

)ss.

COUNTY OF REDWOOD )

\_\_\_\_\_, 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 \_\_\_\_\_

Amount of deductible and / or uninsured loss: \$ \_\_\_\_\_

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.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Subscribed and sworn to before me

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

this \_\_\_\_\_ day of \_\_\_\_\_, 201\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Notary Public