

STATE OF MINNESOTA  
COUNTY OF OLMSTED

DISTRICT COURT  
THIRD JUDICIAL DISTRICT  
CRIMINAL DIVISION

State of Minnesota

Court File No.

vs.

**RESTITUTION AFFIDAVIT**

\_\_\_\_\_(name), being duly sworn, states the following losses were incurred, or the following property was damaged, stolen or destroyed by the above-named defendant(s).

**Estimate of Economic Loss**

**\$ Cost to date (Out of Pocket Cost Only)**

Loss of Income from Work \$ \_\_\_\_\_

Property loss or damage \$ \_\_\_\_\_

Doctor/hospital bills/counseling \$ \_\_\_\_\_

Other (Please explain) \$ \_\_\_\_\_

**INSURANCE CLAIM SUBMITTED**

YES  NO

Amount covered by Insurance \$ \_\_\_\_\_

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

Policy Number \_\_\_\_\_

**Total Restitution Requested** \$ \_\_\_\_\_

**Please attach copies of receipts, bills, and copies of documentation supporting the losses claimed.**

Supporting documentation attached?  YES  NO

Have you applied for Crime Victim's Compensation?  YES  NO

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

\_\_\_\_\_  
Signature

Name \_\_\_\_\_

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

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