STATE OF MINNESOTA IN DISTRICT COURT

COUNTY OF BROWN FIFTH JUDICIAL DISTRICT

Court File No._____

☐ State of Minnesota, Plaintiff

☐ In the Matter of the Welfare of:

RESTITUTION CLAIM FORM

_____,
Defendant/Juvenile

Name: _____ Address: _____

Home Phone: _____ _____

Work Phone: _____ _____

I, _____, claim that the following is a true and correct list of property damage or loss due to the actions of the above named defendant(s). **Be sure to list each item separately and attach a written estimate or replacement receipt(s)**. Use additional sheets if necessary.

Item/Description:	Amount:
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
TOTAL AMOUNT OF LOSS:	$_____
AMOUNT COVERED BY INSURANCE:	$_____
NET AMOUNT DUE YOU:	$_____

Name/Address of Insurance Company	Name/Address of Insurance Agent
_____	_____
_____	_____
_____	_____
_____	_____
Phone Number: _____	Phone Number: _____

Policy No: _____ **Claim No:** _____ **Date of Loss:** _____

Named Insured on Policy: _____

Signature: _____ Date: _____

NOTE

This Restitution Claim Form must be completed by you and returned to the Brown County Probation Department, P.O. Box 248, New Ulm, MN 56073 no later than _____.

If the claim form is not received by this date, it will be assumed that you do not wish to claim any restitution in this matter. Failure to claim restitution will not necessarily result in the loss of your right to pursue other civil remedies available by law. If your claim includes Medical Assistance, please complete the authorization below.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, as evidenced by my signature below, do hereby authorize and direct any welfare or social agency to disclose to the Brown County Probation Department any and all information they may have as to the payment of medical bills which are the result of injuries sustained in the above mentioned occurrence.

Dated this _____day of _____, 20 .

_____

Claimant