See Instructions (FOR101) for help in filling out this form.

**State of Minnesota Conciliation Court**

County of: Court File Number:

Judicial District: Case Type: Conciliation – Forfeiture

**Plaintiff**
Name:
Address:
City/State/Zip:

VS

**Defendant** (Vehicle)

c/o Prosecuting Authority:

Address:
City/State/Zip:

**Conciliation Court Statement of Claim: Demand for Judicial Determination of Forfeiture Alcohol-Related Offense ($20,000 or less) (FOR102)**Minn. Stat. § 169A.63, subd. 8 and 9

The plaintiff/claimant in this matter asks for a judicial determination on the forfeiture of the defendant property pursuant to Minn. Stat. § 169A.63, subd. 8 and 9, claiming the vehicle was improperly seized.

1. The following motor vehicle was seized on or about (date):
2. Year:
3. Make:
4. Model:
5. Vehicle Identification Number (VIN):
6. License Plate Number: State:
7. Value of Vehicle:
8. What is your interest in the vehicle?
9. Why do you believe the vehicle was improperly seized?
10. If you have any affirmative defenses, list them here:

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

Date: ­

Signature of Plaintiff

Name:

County and state where signed: Address:

 City/State/Zip:

 Phone:

 Email: