

**State of Minnesota**

**Conciliation Court**

County
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Judicial District:	_____
Court File Number:	_____
Case Type:	Conciliation - Forfeiture

**Conciliation Court Statement of Claim:  
Demand for Judicial Determination of Forfeiture  
Alcohol-Related Offense  
(\$15,000 or less)**

Minn. Stat. § 169A.63, subd. 8 and 9

**Plaintiff**

Name:
Address:
City/State/Zip:

**Defendant**

Vehicle:
c/o Prosecuting Authority:
Address:
City/State/Zip:

vs.

1. The following motor vehicle was seized on or about \_\_\_\_\_ :
  - a. Year: \_\_\_\_\_
  - b. Make: \_\_\_\_\_
  - c. Model: \_\_\_\_\_
  - d. Vehicle Identification Number (VIN): \_\_\_\_\_
  - e. License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_
  - f. Value of Vehicle: \_\_\_\_\_

2. What is your interest in the vehicle? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Why do you believe the vehicle was improperly seized? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. If you have any affirmative defenses, list them here: \_\_\_\_\_

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

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Date

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Signature of Plaintiff

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County and state where signed

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_