See Instructions (FOR301) 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 and/or Property)

c/o Prosecuting Authority:

Address:
City/State/Zip:

**Conciliation Court Statement of Claim:
Demand for Judicial Determination of Forfeiture
Controlled Substance Offense ($20,000 or less) (FOR302)**Minn. Stat. § 609.5314, subd. 3

1. Check all that apply:

[ ]  The following motor vehicle was seized on (date):

1. Year:
2. Make:
3. Model:
4. Vehicle Identification Number (VIN):
5. License Plate Number: State:
6. Value of Vehicle:

**AND/OR**

[ ]  The following property was seized on (date):

1. What is your interest in the vehicle and/or property?
2. Why do you believe the vehicle and/or property was improperly seized?

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: