

Read Before Filling Out Request for Hearing to Challenge Restitution

The ND Legal Self Help Center can't provide assistance in criminal matters and doesn't have forms, procedures, or expertise available in this area.

If you have questions about this form, contact the office of the [District Court clerk of court](#) where your criminal case is currently filed.

You may use this form if:

- 1)** Your criminal case was moved (transferred) from a Municipal Court to District Court;
- 2)** You were served written notice of the amount of restitution requested;
- 3)** You want to challenge (dispute) the amount of restitution requested; **and**
- 4)** It's been **less than 30 days** since you were served the written notice.

To fill out this form:

- Fill in the same County and Judicial District of your criminal case. If you don't know the Judicial District, you may leave that space blank.
- Fill in same name of the city or municipality who is currently listed as the Plaintiff in your criminal case. Fill in your name as the Defendant.
- Paragraph 1: Fill in your name as the Defendant.
- Date and sign the form. Fill in all of the lines underneath your signature.
- Make a copy of your completed form for your records.

File the original of your completed form with the [District Court clerk of court](#) where your criminal case is currently filed.

Your written request must be filed within 30 days of service of the written notice of the restitution amount requested. If you don't meet the deadline, you may not get a hearing.

Don't include this cover sheet when you file the form.

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

(leave blank if unknown) JUDICIAL DISTRICT

City of _____,)

Plaintiff,)

vs)

_____,)

Defendant.)

Case No. _____

**Request for Hearing to
Challenge Restitution**

1. I, _____, am the Defendant in this case.

2. I request a hearing to challenge restitution pursuant to Section 12.1-32-08(3) of the North Dakota Century Code.

Dated _____.

_____, Defendant
Signature of Defendant

Typed or Printed Name of Defendant

Address

City State Zip Code

(_____) _____
Telephone Number

Email Address