



INVESTOR RESTITUTION ASSISTANCE FUND APPLICATION

NORTH DAKOTA SECURITIES DEPARTMENT

SFN 62534 (8-2024)

All fields must be filled and the document must be signed for the application to be deemed complete.

After an application has been filed, the law may provide for payment to qualified claimants of restitution assistance up to the lesser of \$50,000 or 50% of the monetary loss to victim. Legal requirements are set forth under N.D.C.C. 10-04-21.

THIS DOCUMENT IS A PUBLIC RECORD, EXCEPT FOR INFORMATION THAT IS PROTECTED BY STATE OR FEDERAL LAW. INFORMATION YOU PROVIDE ON THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE UPON REQUEST.

SECTION I – VICTIM INFORMATION

Full legal name (first/middle/last):		
Address:		
City:	State:	Zip:
Phone number:	Email address:	
Date of Birth:		
Victim was: <input type="checkbox"/> North Dakota resident on date of violation <input type="checkbox"/> Non-North Dakota resident on date of violation		

SECTION II – CLAIMANT INFORMATION (IF OTHER THAN VICTIM)

Full legal name (first/middle/last):		
Address:		
City:	State:	Zip:
Phone number:	Email address:	
Date of Birth:		
Claimant Status: <input type="checkbox"/> Executor <input type="checkbox"/> Heir or Assignee <input type="checkbox"/> Other Lawfully Appointed Person		

SECTION III – INVESTMENT DETAILS

What is the name of the company(ies), persons, associations, or other legal entities with whom investment was made?	
What is/are the name(s) of the individual(s) who sold the investment(s)?	
Date of each investment	Amount of each investment
Total Investment Loss Claimed*:	

SECTION IV – CASE AND ORDER DETAILS

Date of Order of the Commissioner:
Respondent(s) named in Order of the Commissioner:

OR

Civil or Criminal Case Number:	
Court Name/Location (City and State):	Date of Court Order:
Name of Defendant(s):	

Has a restitution order been issued by Commissioner or Court related to this loss?

YES

NO

If applicable, please provide:

Court name:		
Case number:	Date of order:	Amount of restitution ordered:

Has the victim or any other person received any restitution or reimbursement for the investments detailed above? YES NO

If **YES**, please provide the date(s), amount(s), and payor(s) for each amount received:

Date:	Amount:	Payor:
Date:	Amount:	Payor:
Date:	Amount:	Payor:

*If the application is approved, the maximum award for a claimant shall be the lesser of \$50,000 or 50% of the monetary injury to the investor as specified in the final order.

**Pursuant to N.D.C.C 10-04-21(9), the state is subrogated to your right to receive any court ordered restitution for the full amount paid to you from the North Dakota Investor Restitution Assistance Fund.

SECTION V – ATTESTATIONS

By signing below, the Applicant (who is either the victim or a claimant on behalf of the victim) acknowledges and affirms the following:

CHECK EACH APPLICABLE BOX

- I have not filed, nor am I aware of any other previous applications filed with the North Dakota Securities Department for reimbursement of the amounts set forth in this application;
- I have not received full restitution owed from the person ordered to pay restitution to the victim in the final order;
- I did not assist in committing the violation of this chapter set forth in the final order; and
- The final order upon which this application is based is not the subject of a pending appeal.
- I understand restitution assistance awarded is subject to the conditions set forth in N.D.C.C 10-04-21.
- I understand supplementary information may be required by the Department and I will submit this information upon written request by the Department.

By signing below, applicant solemnly swears and affirms under penalty of law that all information provided in this application is true and accurate to the best of the applicant’s knowledge. Applicant acknowledges that filing or causing to be filed an application for restitution assistance or documents supporting the application that contain false, incomplete, or misleading information will result in forfeiture of the restitution award.

Signature of Applicant:	Date:
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SEE NEXT PAGE FOR SUBMISSION INSTRUCTIONS

The following documentation MUST BE SUBMITTED along with the application:

1. Final Order: a copy of the Court or Administrative Order identifying the victim and pecuniary loss.
2. Photo ID: a copy of claimant's Driver's License or government issued photo identification.
3. Proof of address: a copy of one or more documents connecting the victim to the reported address (e.g. utility bill, W-2, voided check, etc.)

If the **victim is deceased**, the executor, heir or assignee, or other lawfully appointed person completing the application must provide the following documents as applicable, **in addition** to the three documents listed above:

1. Copy of the death certificate of the victim.
2. Proof of marriage (marriage certificate) – if the surviving spouse.
3. Proof that claimant is a dependent child of the victim (birth certificate) – if a dependent child.
4. Proof that claimant is an assignee or other lawfully appointed person.

In addition to the required documents above, claimant can submit other documents that might assist the Department in the processing of the claim.

Mail this form to:

**North Dakota Securities Department
600 E Boulevard Ave., 14th Floor
Bismarck, ND 58505
Attention: Enforcement Division**

OR

Email this form to: ndsecurities@nd.gov