



FOURTH JUDICIAL DISTRICT

HENNEPIN COUNTY DISTRICT COURT

Request Date

Court Document Copy Request

Part A: Requesting Party

Name (required)	Phone
Address (required for certified copy requests)	Email
City, State, Zip	Fax

Part B: Case Information

Select Case Type <input type="checkbox"/> Civil <input type="checkbox"/> Housing <input type="checkbox"/> Probate <input type="checkbox"/> Criminal <input type="checkbox"/> Mental Health To get copies for other case types, visit our online Records Center .	Court File Number (if known) Case Date Range: From: _____ To: _____
---	---

Party Name(s)
Plaintiff / Petitioner _____
Defendant / Respondent / Judgment Debtor _____
Defendant's Date of Birth _____ *

* In Criminal cases, you **must** include the Defendant's date of birth or case number(s).

Part C: Document(s) & Type of Copy

Check the box below for the document you want. If you do not know the document title or it is not listed here, please describe it in "Other" below. Attach more pages as needed.

of Copies: _____ Type (plain or certified): _____

<input type="checkbox"/> Judgment	<input type="checkbox"/> Petition	<input type="checkbox"/> Sale Package (Will/Order/Letter (3 docs. - certified only)
<input type="checkbox"/> Name Change Order	<input type="checkbox"/> Plea Petition	<input type="checkbox"/> Summons & Complaint
<input type="checkbox"/> Order for _____		
<input type="checkbox"/> Other/Comments: _____		

Part D: Fees & Delivery Options

Copy Fees \$10 per document – plain copy \$16 per document – certified copy Other: _____	Delivery Options <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax (plain copy only)* <input type="checkbox"/> Pick Up <input type="checkbox"/> Email (plain copy only)* <input type="checkbox"/> Other (pre-paid FedEx, UPS, etc.) *Delivery option not allowed for confidential documents.
---	---

Total Fees: _____ or ☐ Requesting party has a current IFP/Fee Waiver Order on file.
Make check or money order payable to "District Court Administrator." Payment is required **before** request will be processed.

Send completed Request Form and payment to: District Court Records Center Hennepin County Govt. Center 300 S. 6 th Street, #B100 Minneapolis, MN 55487-0332	Questions? Call (612)348-3170
--	-------------------------------

Office Use Only

<input type="checkbox"/> Received on _____	<input type="checkbox"/> Delivered on _____	<input type="checkbox"/> Incomplete Request _____
<input type="checkbox"/> Amount Paid \$ _____	<input type="checkbox"/> IFP or Fee Waiver (statute/policy)	<input type="checkbox"/> Pre-approved Media Account Name _____
<input type="checkbox"/> Other (e.g., expedited request, etc.) _____		

If request is denied or records are unavailable, explain here or attach additional pages as needed.