|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State of Minnesota** |  | **District Court** | | | |
| County |  | Judicial District: | |  |
|  |  | Court File Number: | |  |
|  |  | Case Type: | Criminal - Postconviction | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Proof of Service (Postconviction Relief) |  |
| Petitioner |  |  |
|  |  |  |
| vs |  |  |
|  |  |  |
| State of Minnesota |  |  |
|  |  |  |

My name is . I am at least 18 years old. On (date), at (city and state where mailed), I served a copy of the following:

*Petition for Postconviction Relief*

*Memorandum of Law*

Other:

upon each entity checked below by mailing a copy in a sealed envelope, postage prepaid, with the U.S. Postal Service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🗹 | **Office of the MN** **Attorney General**  445 Minnesota Street  St. Paul, MN 55101 | 🗹 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Attorney’s Office**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Attorney’s Office**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Dated |  | Signature | |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |