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

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|  |  | **Proof of Service**  Minn. Stat. § 624.713, subd. 4 |  |
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I, (name of person who mailed the documents), state that on (date), I served the attached document *Petition for Restoration of Firearm and Ammunition Rights* (FIR202)*,* by mailing true and correct copies to the parties checked below at the addresses listed by putting envelopes with sufficient postage in the U.S. Mail in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1  ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County Attorney’s Office**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(check box & use if related to your case)* | 2  ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County Human Services**  **\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(check box & use if related to your case)* | 3  ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County Sheriff’s Office** Attn: Records  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(check box & use if related to your case)* |
| 4  ❒ | **Office of the MN** **Attorney General**  Suite 1800 NCL Towers  445 Minnesota Street  St. Paul, MN 55101  *(check box & use if related to your case)* | 5  ❒ | **MN Dept. of Human Services**  **Attn: Licensing, Legal Division**  **P.O. Box 64242**  **St. Paul, MN  55164-0242**  *(check box & use if related to your case)* | 6  ❒ | **MN Bureau of Criminal Apprehension**  CJIS-CCH-Court Orders / Petitions  1430 Maryland Avenue East  St. Paul, MN 55106  *(check box & use if related to your case)* |
| 7  ❒ | **MN Dept. of Natural Resources**  **500 Lafayette Road**  **Box #47**  **St. Paul, MN  55155-4040**  *(check box & use if related to your case)* | 8  ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(check box & use if related to your case)* | 9  ❒ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(check box & use if related to your case)* |

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

**Date** **Signature** (person who mailed the papers)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
County and State where signed Address:

City/State/Zip: Telephone: