



JUDGMENT SEARCH REQUEST

Debtor's Name: _____

Date Range: **From** _____ **to** _____

Requested by:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fee: **\$5.00**
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:

Fourth Judicial District Court
Attn: Judgments Department
Hennepin County Government Center
300 South 6th Street, #C-3
Minneapolis, MN 55487