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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Motion for Expedited HearingMinn. Stat. § 514.977, subd. 4 |  |
| Plaintiff |  |  |
|  |  |  |
| vs |  |  |
|  |  |  |
|  |  |  |
| Defendant |  |  |

**TO:**

|  |
| --- |
| Defendant (name and address): |

**MOTION**

I am asking the court for the following relief:

1. To schedule an expedited hearing in this case.
2. To grant the relief requested in the *Complaint – Breach of Rental Agreement for Storage Space*.
3. For any other relief the court deems fair and equitable.

The facts that support my request are set out in my supporting affidavit.

**ACKNOWLEDGMENT**

By presenting this form to the court, I certify that to the best of my knowledge, information, and belief, the following statements are true. I understand that if a statement is not true, the court can order a penalty against me (such as to pay money to the other party, pay court costs, and/or other penalties).

1. The information I included in this form is based on facts and supported by existing law.

2. I am not presenting this form for any improper purpose. I am not using this form to:

1. Harass anyone;
2. Cause unnecessary delay in the case; or
3. Needlessly increase the cost of litigation.
4. No judicial officer has said I am a frivolous litigant.
5. There is no court order saying I cannot serve or file this form.
6. This form does not contain any "restricted identifiers" or confidential information as defined in Rule 11 of the General Rules of Practice ([https://www.revisor.mn.gov/](http://www.revisor.mn.gov/) court\_rules/gp/id/11/) or the Rules of Public Access to Records of the Judicial Branch ([https://www.revisor.mn.gov/court\_rules/rule/ra-toh/](http://www.revisor.mn.gov/court_rules/rule/ra-toh/%29)).
7. If I need to file "restricted identifiers," confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

|  |  |  |
| --- | --- | --- |
| Dated |  | Signature |
|  |  | Name: |  |
|  |  | Address: |  |
|  |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |