

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: Criminal

State of Minnesota

Confidential Victim Identifier Information

vs

Minn. R. Pub. Access 4, subd. 1(m)(2)

Defendant

E-Filing code: "Confidential Minor Victim Info R
Pub Access 4 subd 1(m)"

**** This form is confidential and shall not be placed in a public portion of the file.****

The name and date of birth of the victim(s) referenced in the document submitted with this form are:

<u>Reference in Document</u>	<u>Name</u>	<u>Date of Birth</u>
For example: Victim 1, Victim A, or initials		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: _____

Signature
Attorney for [State] [Defendant]
Name: _____
Attorney License No.: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____
Email Address: _____