

State of Minnesota

County _____

District Court

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

State of Minnesota

vs

Defendant

Proof of Service

I, _____ (name of person who mailed the documents), state that on _____ (date), I served the attached documents, *Notice of Hearing and Petition for Expungement* and proposed *Order*, 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 _____.

<p>1 <input checked="" type="checkbox"/> MN Bureau of Criminal Apprehension CJIS-CCH-Court Orders / Petitions 1430 Maryland Avenue East St. Paul, MN 55106 <i>(Required)</i></p>	<p>5 <input checked="" type="checkbox"/> _____ County Dept. of Corrections (Probation) <i>(Required)</i></p>	<p>9 <input type="checkbox"/> MN Dept. of Human Services Office of Inspector General, Legal Counsel Office P.O. Box 64953 St. Paul, MN 55164-0953 <i>(check box & use if related to your case)</i></p>
<p>2 <input checked="" type="checkbox"/> Office of the MN Attorney General Suite 1800 NCL Towers 445 Minnesota Street St. Paul, MN 55101 <i>(Required)</i></p>	<p>6 <input checked="" type="checkbox"/> _____ County Sheriff's Office Attn: Records <i>(Required)</i></p>	<p>10 <input type="checkbox"/> MN Dept. of Health 85 E. 7th Place, #220 P.O. Box 64970 St. Paul, MN 55164-0970 <i>(check box & use if related to your case)</i></p>
<p>3 <input checked="" type="checkbox"/> MN Dept. of Corrections Attn: Records 1450 Energy Park Drive, Ste. 200 St. Paul, MN 55108-5219 <i>(Required)</i></p>	<p>7 <input type="checkbox"/> _____ Police Dept. Attn: Records <i>(check box & use if related to your case)</i></p>	<p>11 <input type="checkbox"/> MN Dept. of Natural Resources 500 Lafayette Road Box # 47 St. Paul, MN 55155-4040 <i>(check box & use if related to your case)</i></p>
<p>4 <input checked="" type="checkbox"/> _____ County Attorney's Office Attn: Criminal Records <i>(Required)</i></p>	<p>8 <input type="checkbox"/> _____ City Attorney's Office (Prosecutor) Attn: Criminal Division <i>(check box & use if related to your case)</i></p>	<p>12 <input type="checkbox"/> MN Department of Public Safety _____ Division 445 Minnesota Street St. Paul, MN 55101-5155 <i>(check box & use if related to your case)</i></p>

<p><u>13</u></p> <p><input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>	<p><u>14</u></p> <p><input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>	<p><u>15</u></p> <p><input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>
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I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Date

County and state where signed:

Signature (person who mailed the papers)

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____