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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| --- | --- | --- | --- | --- | --- |
| 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 StreetSt. 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 / Petitions1430 Maryland Avenue EastSt. 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: