

State of Minnesota

County _____

District Court

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

Plaintiff

vs

Defendant

Notice of Residual Funds

Minn. R. Civ. Pro. 23.05(e)

You are advised that this case has been resolved and there may be residual funds after the following are paid:

1. Approved class member claims (including any supplemental claims);
2. Expenses;
3. Litigation costs;
4. Attorney’s fees;
5. Other any court-approved disbursements, including the costs of administration of the distribution of funds and the giving of this notice.

The Court will approve the distribution of any residual funds. If you wish to be considered as a recipient of these funds, you must submit a statement of interest to the attorneys listed below no later than _____ . The statement must describe the mission of your organization, assert a basis to designate your organization as a recipient of the residual funds and name a contact person.

This form has been created for attorneys in class action cases to comply with Minnesota Rules of Civil Procedure 23.05(e). After completing the form and attaching relevant documents describing the case and the funds available, this notice should be sent to all potential recipients of residual funds including the Legal Services Advisory Committee (LSAC). Under the rule, LSAC staff will forward the notice to qualified legal services programs as potential recipients of these funds. The Legal Services Advisory Committee accepts delivery under Rule 23.05(e) via email sent to lsac@courts.state.mn.us.

Receiving this notice does not create any right of any party to receive any residual funds.

Submission of a statement of interest for these funds does not mean that you have a right to them. The Court will decide the distribution of these funds.

Counsel for the parties to this action are:

Attorney: _____

Party Represented: _____

Attorney's Contact Information

Firm Name: _____

License #: _____

Address: _____

City/State/Zip: _____

Attorney: _____

Party Represented: _____

Attorney's Contact Information

Firm Name: _____

License #: _____

Address: _____

City/State/Zip: _____