

REQUEST FORM

Court File #

27-CV-_____ - _____

Plaintiff(s)

VS

Defendant(s)

ISSUE

- Writ of Execution to Sheriff of _____ County (\$55.00 each)
COLLECT from BANK accounts or WAGES**

- Judgment Search Document(s) (\$5.00 each/per spelling of name)
Document that shows any Civil money Judgments vs your name for years**
 - 1. _____
 - 2. _____
 - 3. _____

- Transcript of Judgment - Docket Judgment in other MN County (\$40.00 each)**

Requested by: _____

Mailing Address: _____ APT/STE # _____
CITY _____ STATE _____ ZIP CODE _____

- Delivery:
- Mail
 - Call When Ready/Pick Up _____ - _____ - _____
 - E-Mail Writ of Execution: _____ @ _____ . com

NOTE:
THIS FORM MUST BE FILED WITH EITHER
PAYMENT **OR** A REQUEST FOR FEE WAIVER

CHECKS/MONEY ORDERS TO:
"DCA" or "District Court Administrator"

FILE IN PERSON OR BY U.S. MAIL TO:

District Court Administrator
300 S 6th Street
ATTN C3 JUDGMENTS
Minneapolis, MN 55487