# state sealFine Distribution for City/Municipality Request Form

# State of Minnesota

# Judicial Branch

# Information Technology Division

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Use this form when a city/municipality needs fine distribution configuration in MNCIS. Please note this form **should not** be used for city/municipality fine distribution requests. There is a separate form that must be completed for those requests. | | | | | | | | | | | | | | | | | |
|  | **Instructions** | | | | | | | | | | | | | | | | | |
|  | 1. Complete a separate form for each city/municipality. 2. Electronically complete this form and save to your computer. 3. Email the form to the Court Administrator’s Office in your county, who will submit it to State Court Administration via Service Desk ticket. 4. Note: ORI stands for Originating Agency Identifier. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | **Originator Contact Information < complete all fields >** | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | |  | | | |
| **Today’s Date:** | | | |  | |  | **Contact:** | | |  | | | | **Phone** | | |  |  |
|  | | |  | |  | | | |  | |  | |  | | |  | | | |
|  | | **Prosecutor Information** | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of city/municipality:** | | **Name of county(ies) in which the city/municipality is located:**  *If the city/municipality resides in multiple counties, please list all counties* | |  |
| **Does the city have a contract with an attorney?** | | Yes | | No |
| **If yes, name of attorney:** | | **City/Municipality Prosecuting Agency ORI:**  *Enter* None *if a City/municipality Prosecuting Agency ORI doesn’t currently exist* | |  |
| **By hiring their own attorney, is the city expecting to receive money from the cases prosecuted by this attorney?** | | Yes | | No |
| **Indicate if you have or will be applying for an ORI from the BCA:**  *If the city/municipality does NOT have a Prosecuting Agency ORI, the prosecutor can apply for an ORI from the BCA. An ORI is required if the prosecutor wants to access eCharging or perform other related eCharging tasks such as creating a complaint from a citation. To obtain an ORI, contact the BCA at* [*bca.servicedesk@state.mn.us*](mailto:bca.servicedesk@state.mn.us) | | | |  |
| **For purposes of distributing DWI Assessments (Minn. Stat. §** [**169A.285**](https://www.revisor.mn.gov/statutes/?id=169A.285)**) indicate whether the city/municipality employs law enforcement officers:** | | Yes | | No |
| **If yes, provide:** Agency Name: | | **Agency ORI Number:** | | |
| **If no, does the sheriff have a contract to patrol there?** | | Yes | | No |
| **If yes, the sheriff has a contract to patrol, are they acting as a city police department or as a county agency?** | | City Police Department | | County Agency |
| **The Following Information is Required for Fine Distribution** | | | | |
| **Does city/municipality have an existing vendor number from Swift for fine distribution? :** | | Yes | | No  *See below* |
| **If yes, provide:** Swift Vendor Number: |  | **City/municipality Tax Identification Number** | |  |
| **City/Municipality Contact Name:** |  | **City/Municipality Contact Phone Number:** | |  |
| **City/municipality Contact Email Address:** |  | **City/municipality Complete Mailing Address:** | |  |
| **If the City/municipality does not have a vendor number they must complete the Substitute W-9 Form to remit with this request for configuration.** [**https://mn.gov/mmb/accounting/swift/forms/**](https://mn.gov/mmb/accounting/swift/forms/) | | | | |
| ***Court Administration Information*** | | | | |
|  | | | | |
| MNCIS can be configured to automatically add one attorney to the case when filed with the City/municipality Attorney as a prosecutor. | | | | |
| **Do you wish to have an attorney configured:** | | Yes | No | |
| **If yes, provide:** Attorney Name: | | **Attorney License Number:** | | |

To make an electronic copy, select File > Save As.