



Minnesota Judicial Center
25 Rev. Dr. Martin Luther King, Jr. Blvd
Saint Paul, Minnesota 55155

Criminal Background Check

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information about me to the Minnesota State Court Administrator's Office for the purpose of obtaining approval as a Qualified Interpreter to be listed on the Roster for the State of Minnesota pursuant to Rule 8.06(d), Minnesota Rules of Practice - District Courts.

APPLICANT INFORMATION (Please type or print legibly)

Form with fields for Last Name, First Name, Middle (full), Date of Birth (MM/DD/YYYY), Gender (Male/Female), and Optional: Social Security Number.

NOTARY INFORMATION This authorization expires one year from the date of my signature.

Notary section with fields for Your Signature, Date, Subscribed and sworn to before me this \_\_\_ day of \_\_\_ 20\_\_\_, Notary Public Signature, My Commission Expires, and a Notary Stamp box.

Step 1: This form must be mailed separately to:

Bureau of Criminal Apprehension, CHA Unit, 1430 Maryland Avenue East, St. Paul, MN 55106

Step 2: Remember to Enclose:

- 1. A personal check, money order, cashier's check, certified or business check, for \$15.00 made payable to the Bureau of Criminal Apprehension.
2. A stamped envelope addressed to the Court Administrator's office at: Court Interpreter Program, State Court Administrator's Office, Court Services Division, Suite 105, 25 Rev. Dr. Martin Luther King, Jr. Blvd. St. Paul, MN 55155