

**FIRST JUDICIAL DISTRICT
DAKOTA COUNTY DISTRICT COURT
FAMILY DIVISION**

COURT APPOINTED ATTORNEY AUTHORIZATION FORM

ATTORNEY NAME:

NAME OF LAW FIRM:

OFFICE ADDRESS:

OFFICE PHONE NUMBER:

ATTORNEY ID NUMBER:

I am presently not under suspension or probation by the Minnesota Supreme Court and I understand that I will be suspended from service in Dakota County for cause upon a finding by the First Judicial District Chief Judge. I authorize the Dakota County Court Administrator's Office to verify my disciplinary status with the appropriate boards and I authorize the Office of Lawyer's Professional Responsibility to disclose my public and private history to the Dakota County Court Administrator's Office.

Signature

Date