

State of Minnesota

District Court

County _____

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

Affidavit of Service

STATE OF MINNESOTA)
COUNTY OF _____)
(County where Affidavit Signed)

I, _____ (Name of person who mailed the documents),
being duly sworn upon oath, state that I am at least 18 years of age; that on _____, I
served the attached documents (Notice of Hearing and Petition for Expungement and Proposed Order) by
mailing a true and correct copy to the following parties at the following addresses by placing the documents
in the U.S. mail in the city of _____ with sufficient postage:

Minnesota Attorney General
Public Safety/Gambling Division
1800 NCL Tower, 445 Minnesota St
St Paul MN 55101-2134

Bureau of Criminal Apprehension
Attn: Records Department
1430 Maryland Ave E
St Paul, MN 55106

Dated: _____

Signature *(Sign only in presence of notary or Court Deputy)*

Sworn/affirmed before me this (Date):

Print Name: _____

Address: _____

City/State/Zip: _____

Notary Public/Deputy Court Administrator

Telephone: _____