

**State of Minnesota**

County of: \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

vs

**Proof of Service**

Minn. Stat. § 609.165, subd. 1d

I, \_\_\_\_\_ (name of person who mailed the documents), state that on \_\_\_\_\_ (date), I served the attached document *Petition for Restoration of Firearm and Ammunition Rights* (FIR102), by mailing true and correct copies to the parties checked below at the addresses listed by putting envelopes with sufficient postage in the U.S. Mail in the City of \_\_\_\_\_.

<p>1 _____ County</p> <p><input type="checkbox"/> <b>Attorney's Office</b> Attn: Criminal Records</p> <p>_____ _____ _____</p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>2 _____ County</p> <p><input type="checkbox"/> <b>Probations Office</b></p> <p>_____ _____ _____</p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>3 _____ County</p> <p><input type="checkbox"/> <b>Sheriff's Office</b> Attn: Records</p> <p>_____ _____ _____</p> <p><i>(check box &amp; use if related to your case)</i></p>
<p>4 <b>MN Bureau of Criminal Apprehension</b> CJIS-CCH-Court Orders / Petitions 1430 Maryland Avenue East St. Paul, MN 55106</p> <p><input type="checkbox"/></p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>5 <b>MN Dept. of Corrections</b> Attn: Records 1450 Energy Park Drive, Ste. 200 St. Paul, MN 55108-5219</p> <p><input type="checkbox"/></p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>6 <b>Office of the MN Attorney General</b> Suite 1800 NCL Towers 445 Minnesota Street St. Paul, MN 55101</p> <p><input type="checkbox"/></p> <p><i>(check box &amp; use if related to your case)</i></p>
<p>7 <b>MN Dept. of Natural Resources</b> 500 Lafayette Road Box #47 St. Paul, MN 55155-4040</p> <p><input type="checkbox"/></p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>8 _____ _____ _____ _____</p> <p><input type="checkbox"/></p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>9 _____ _____ _____ _____</p> <p><input type="checkbox"/></p> <p><i>(check box &amp; use if related to your case)</i></p>

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
County and State where signed

\_\_\_\_\_  
**Signature** (person who mailed the papers)

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_