

**Request for Document Integration from District Court (MNCIS) to Agency**

**(Agency is receiving the document from the Courts)**

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**Disclaimer:** This form is only a request for a future document integration and does not guarantee that the integration for this document will be created.

| **Agency Information\*** | |
| --- | --- |
| **Today’s Date:** Click here to enter a date. | **Contact Name:** |
| **Agency Name:** | **Position/Title:** |
| **Agency Type:** Choose an item.  If Other: | **Phone:** |
| **Mailing Address:** | **Email:** |
| **Document Name:** |

**\*Important:** This request must be submitted by someone with authority to commit your agency to this work.

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| **Integration Information** | | |
| --- | --- | --- |
|  | Is there a specific rule or statute that requires the court to provide a copy of this document to your agency? | Yes  No  If Yes, specify the rule or statute. |
|  | Does your agency have a system that can receive documents? | Yes  No |
|  | Does your system currently exchange any documents electronically with any other agencies’ systems?  *Note: This exchange does not include email or eFS.* | Yes  No |
|  | Is the document available to your agency through other electronic means? | Yes  No  If Yes, how? |
|  | How will this document integration benefit your agency and/or the court? |  |
|  | Is your system used statewide? | Yes  No  If No, what is the number of counties and/or state agencies that use your system? |
|  | What is the weekly total number of documents expected to be sent via this document integration? |  |
|  | To what extent does this document integration create or increase efficiencies for your agency? |  |

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**How to Submit this Form:**

1. Complete and save this form as a PDF to your computer.
2. Prepare an email with the Subject of “Request for document integration”, and include these two items:  
   1. This completed form attached as a PDF file.  
        
      AND
   2. One of the following:  
      1. A blank sample of the requested document attached.

OR

* + 1. A MNCIS Case Number and Filing Date for the requested document (if you are unable   
       to procure a blank sample).

1. Send the email to [ITDServiceDesk@courts.state.mn.us](mailto:ITDServiceDesk@courts.state.mn.us). Your request will be reviewed.