

STATE OF MINNESOTA

DISTRICT COURT

_____ COUNTY

_____ JUDICIAL DISTRICT

State of Minnesota

Case # _____

v.

Defendant

Division _____

Certificate of Representation

Attorney's Name (Please Print)

Address

City, State, Zip Code

Attorney Registration Number

Phone Number

Email Address

I hereby represent the above name defendant on the following matter or matters before the court:

CHARGES: _____

I understand that I cannot withdraw from this representation unless said withdrawal is approved by the court after hearing on a written motion pursuant to Rule 703 of the General Rules of Practice for the District Courts.

Date

Attorney's Signature