

**State of Minnesota**

County \_\_\_\_\_

**District Court**

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

State of Minnesota \_\_\_\_\_

vs

**Proof of Service (EXP104)**

Defendant \_\_\_\_\_

I, \_\_\_\_\_ (name of person who mailed the documents), state that on \_\_\_\_\_ (date), I served the attached documents, *Notice of Hearing and Petition for Expungement* and proposed *Order*, 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 <input checked="" type="checkbox"/></p>	<p><b>MN Bureau of Criminal Apprehension</b>                  CJIS-CCH-Court Orders / Petitions                  1430 Maryland Avenue East                  St. Paul, MN 55106   <i>(Required)</i></p>	<p>5 <input checked="" type="checkbox"/></p>	<p>_____ County Dept. of  <b>Corrections (Probation)</b>                   _____                  _____                  _____  <i>(Required)</i></p>	<p>9 <input type="checkbox"/></p>	<p><b>MN Dept. of Human Services</b>                  Office of Inspector General, Legal                  Counsel Office                  P.O. Box 64953                  St. Paul, MN 55164-0953   <i>(check box &amp; use if related to your case)</i></p>
<p>2 <input checked="" type="checkbox"/></p>	<p><b>Office of the MN Attorney General</b>                  Suite 1400                  445 Minnesota Street                  St. Paul, MN 55101   <i>(Required)</i></p>	<p>6 <input checked="" type="checkbox"/></p>	<p>_____ County  <b>Sheriff's Office</b>                  Attn: Records                   _____                  _____                  _____  <i>(Required)</i></p>	<p>10 <input type="checkbox"/></p>	<p><b>MN Dept. of Health</b>                  Attn: Reconsideration Unit /                  Expungements                  P.O. Box 64970                  St. Paul, MN 55164-0970   <i>(check box &amp; use if related to your case)</i></p>
<p>3 <input checked="" type="checkbox"/></p>	<p><b>MN Dept. of Corrections</b>                  Attn: Records                  1450 Energy Park Drive, Ste. 200                  St. Paul, MN 55108-5219   <i>(Required)</i></p>	<p>7 <input type="checkbox"/></p>	<p>_____ Police Dept.                  Attn: Records                   _____                  _____                  _____  <i>(check box &amp; use if related to your case)</i></p>	<p>11 <input type="checkbox"/></p>	<p><b>MN Dept. of Natural Resources</b>                  500 Lafayette Road                  Box # 47                  St. Paul, MN 55155-4040  <i>(check box &amp; use if related to your case)</i></p>
<p>4 <input checked="" type="checkbox"/></p>	<p>_____ County  <b>Attorney's Office</b>                  Attn: Criminal Records                   _____                  _____                  _____  <i>(Required)</i></p>	<p>8 <input type="checkbox"/></p>	<p>_____ City  <b>Attorney's Office (Prosecutor)</b>                  Attn: Criminal Division                   _____                  _____                  _____  <i>(check box &amp; use if related to your case)</i></p>	<p>12 <input type="checkbox"/></p>	<p><b>MN Driver and Vehicle Services</b>                  Attn: Fines &amp; Investigations                  445 Minnesota Street, Suite 190                  St. Paul, MN 55101-5190   <i>(check box &amp; use if related to your case)</i></p>

<p>13 <b>MN State Patrol</b>  <input type="checkbox"/> Attn: Expungements  445 Minnesota Street, Suite 190  St. Paul, MN 55101-5190</p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>14  <input type="checkbox"/> _____  _____</p> <p><i>(check box &amp; use if related to your case)</i></p>	<p>15  <input type="checkbox"/> _____  _____</p> <p><i>(check box &amp; use if related to your case)</i></p>
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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: \_\_\_\_\_