

**State of Minnesota**

**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: <u>Criminal</u>

**State of Minnesota,**  
Plaintiff

vs.

**PROOF OF SERVICE**

\_\_\_\_\_  
Defendant (first, middle, last)

I, \_\_\_\_\_ (name of the 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 \_\_\_\_\_.

1	<b>MN Bureau of Criminal Apprehension</b> CJIS-CCH-Court Orders / Petitions <input checked="" type="checkbox"/> 1430 Maryland Avenue East St. Paul, MN 55106  <i>(Required)</i>	5	_____ <b>County Dept. of Corrections (Probation)</b> <input checked="" type="checkbox"/> _____ _____ _____ <i>(Required)</i>	9	<b>MN Dept. of Human Services</b> ATTN: Licensing, Legal Division <input type="checkbox"/> P.O. Box 64242 St. Paul, MN 55164-0242  <i>(Check box &amp; use if related to your case)</i>
2	<b>Office of the MN Attorney General</b> Suite 1800 NCL Towers <input checked="" type="checkbox"/> 445 Minnesota Street St. Paul, MN 55101  <i>(Required)</i>	6	_____ <b>County Sheriff's Office</b> <input checked="" type="checkbox"/> ATTN: Records _____ _____ _____ <i>(Required)</i>	10	<b>MN Dept. of Health</b> 85 E. 7th Place, #220 <input type="checkbox"/> P.O. Box 64970 St. Paul, MN 55164-0970  <i>(Check box &amp; use if related to your case)</i>
3	<b>MN Dept. of Corrections</b> ATTN: Records <input checked="" type="checkbox"/> 1450 Energy Park Drive, STE. 200 St. Paul, MN 55108-5219  <i>(Required)</i>	7	_____ <b>Police Dept.</b> <input type="checkbox"/> ATTN: Records _____ _____ _____ <i>(Check box &amp; use if related to your case)</i>	11	<b>MN Dept. of Natural Resources</b> 500 Lafayette Road <input type="checkbox"/> Box # 47 St. Paul, MN 55155-4040  <i>(Check box &amp; use if related to your case)</i>

4 <input checked="" type="checkbox"/>	_____ <b>County</b> <b>Attorney's Office</b> ATTN: Criminal Records _____ _____ _____ <i>(Required)</i>	8 <input type="checkbox"/>	_____ <b>City</b> <b>Attorney's Office (Procecutor)</b> ATTN: Criminal Division _____ _____ _____ <i>(check box &amp; use if related to your case)</i>	12 <input type="checkbox"/>	<b>MN Department of Public Safety</b> _____ Division 445 Minnesota Street St. Paul, MN 55101-5155 _____ _____ <i>(check box &amp; use if related to your case)</i>
13 <input type="checkbox"/>	_____ _____ _____ _____ <i>(check box &amp; use if related to your case)</i>	14 <input type="checkbox"/>	_____ _____ _____ _____ <i>(check box &amp; use if related to your case)</i>	15 <input type="checkbox"/>	_____ _____ _____ _____ <i>(check box &amp; use if related to your case)</i>

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

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
 Signature  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_