

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

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