



Minnesota Judicial Center
25 Rev. Dr. Martin Luther King, Jr. Blvd
Saint Paul, Minnesota 55155

Criminal Background Check

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information about me to the Minnesota State Court Administrator's Office for the purpose of obtaining approval as a Qualified Interpreter to be listed on the Roster for the State of Minnesota pursuant to Rule 8.06(d), Minnesota Rules of Practice - District Courts.

APPLICANT INFORMATION (Please type or print legibly)

Form fields for Applicant Information: Last Name, First Name, Middle (full), If applicable, Maiden, Alias, or Former Names, Date of Birth (MM/DD/YYYY), Gender (Male/Female), Optional: Social Security Number

NOTARY INFORMATION This authorization expires one year from the date of my signature.

Form fields for Notary Information: Your Signature, Date, Subscribed and sworn to before me this ___ day of ___ 20___, Notary Public Signature, My Commission Expires, Notary Stamp

Step 1: This form must be mailed separately to: Bureau of Criminal Apprehension, CHA Unit, 1430 Maryland Avenue East, St. Paul, MN 55106

- Step 2: Remember to Enclose: 1. A personal check, money order, cashier's check, certified or business check, for \$15.00 made payable to the Bureau of Criminal Apprehension. 2. A stamped envelope addressed to the Court Administrator's office at: Court Interpreter Program, State Court Administrator's Office, Court Services Division, Suite 105, 25 Rev. Dr. Martin Luther King, Jr. Blvd. St. Paul, MN 55155