



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)

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.

Applicant Signature Date

Subscribed and sworn to before me, this ___ day of ___ 20___

Notary Stamp box

Notary Public Signature

My commission expires:

Step 1: This form and payment must be mailed for processing to:

- Bureau of Criminal Apprehension, CHA Unit, 1430 Maryland Avenue East, St. Paul, MN 55106

Step 2: Remember to enclose:

- A personal check, money order, cashier's check, certified or business check for \$15.00, made payable to the Bureau of Criminal Apprehension.
A postage stamped envelope addressed to the Court Administrator's office at: Court Interpreter Program, State Court Administrator's Office, Court Services Division, Suite 150, 25 Rev. Dr. Martin Luther King, Jr. Blvd. St Paul, MN 55155