

State of Minnesota

District Court

County of: <u>Hennepin</u>	Court File Number: <u>27-CR-12-3123123</u>
Judicial District: <u>Fourth</u>	Case Type: <u>Criminal</u>

State of Minnesota

vs.

Test Test

Defendant (first, middle, last) _____

Proof of Service (EXP104)

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 CJS-CCH-Court Orders / Petitions 1430 Maryland Avenue East St. Paul, MN 55106 <i>(Required)</i>	5	_____ Hennepin <input checked="" type="checkbox"/> County Dept. of Corrections (Probation) _____ _____ <i>(Required)</i>	9	<input checked="" type="checkbox"/> MN Dept. of Human Services Office of Inspector General Legal Counsel Office P.O. Box 64953 St. Paul, MN 55164-0953 <i>(Check box & use if related to your case)</i>
2	<input checked="" type="checkbox"/> Office of the MN Attorney General Suite 1400 445 Minnesota Street St. Paul, MN 55101 <i>(Required)</i>	6	_____ Hennepin <input checked="" type="checkbox"/> County Sheriff's Office - ATTN: Records PSF-Records Manager 401 South 4th Avenue, #100 Minneapolis, MN 55415 <i>(Required)</i>	10	<input checked="" type="checkbox"/> MN Dept. of Health Attn: Reconsideration Unit/Expungements 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 checked="" type="checkbox"/> Minneapolis Police Department Police Dept. - ATTN: Records 350 South 5th Street, Room 31 Minneapolis, MN 55415-1389 <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"/> _____ Hennepin County Attorney's Office ATT: Criminal Records _____ _____ <i>(Required)</i>	8	<input checked="" type="checkbox"/> _____ Minneapolis City Attorney's Office (Prosecutor) ATTN: Criminal Division City Hall, Room 210 350 South 5th Street Minneapolis, MN 55415 <i>(check box & use if related to your case)</i>	12	<input type="checkbox"/> MN Driver and Vehicle Services Attn: Fines & Investigations 445 Minnesota Street, Suite 190 St. Paul, MN 55101-5190 <i>(check box & use if related to your case)</i>

13	MN State Patrol <input type="checkbox"/> Attn: Expungements 445 Minnesota Street, Suite 130 St. Paul, MN 55101-5190 <i>(check box & use if related to your case)</i>	14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(check box & use if related to your case)</i>	15	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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: _____

 /s/ signature of person mailing petition and order
 Signature

 County and State where signed

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____