

STATE OF MINNESOTA - FOURTH JUDICIAL DISTRICT

Arresting Agency: Minneapolis Police Dept	Badge #:	Date/Time Released:
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Sign and Release Warrant
 Book and Release Warrant

SUBJECT INFORMATION

Last Name:		First Name:		Middle Name:	Suffix:
CURRENT Address:			City:	State:	Zip Code:
DOB:	Phone-Home (optional)	Phone-Cell (Optional)		Phone-Work (Optional)	
Interpreter Needed Yes <input type="checkbox"/> No <input type="checkbox"/>	Language:			AKA:	

COURT APPEARANCE

<input checked="" type="checkbox"/> YOU ARE REQUIRED TO APPEAR IN COURT:	
Court File Number:	
<input type="checkbox"/> Division One: Public Safety Facility (Jail) 401 Fourth Avenue South Minneapolis, MN 55415 (ENTRANCE ON 5 TH ST & 4 TH AVE)	<input type="checkbox"/> Division Two: Brookdale 6125 Shingle Creek Parkway, Suite 200 Brooklyn Center, MN 55430
<input type="checkbox"/> Division One: Hennepin County Government Center 300 South 6 th Street Minneapolis, MN 55487 (Courts Booth - 2 nd Floor)	<input type="checkbox"/> Division Three: Ridgedale 12601 Ridgedale Drive Suite 300 Minnetonka, MN 55305
	<input type="checkbox"/> Division Four: Southdale 7009 York Avenue South Suite 214 Edina, MN 55435
Court Date:	Court Hearing Time:
Note: By placing my signature below, I hereby acknowledge that I have been advised by the Officer, of my rights to be brought before a Judge promptly for the above charge(s); That I have waived any delay in that right and agreed to pay a fine, if eligible, or to appear as scheduled above; That if I fail to appear as scheduled a Bench Warrant will be issued for my arrest and any Bail-Bond posted or future consideration for release on my own recognizance will be forfeited. I have received a copy of this form as my Release Receipt.	

Subject Signature: _____

Officer Signature: _____

All court appearances shall be scheduled within 10 days from the date of contact. If date of contact occurs on a Saturday or Sunday, court appearances shall be scheduled for the following Friday.