



**CHISAGO COUNTY ATTORNEY'S OFFICE**  
**INFORMATION DISCLOSURE REQUEST - CRIMINAL**  
 For Compliance with the MN Government Data Practice Act

**A. To Be Completed by Requestor:**

*NOTE: Identifying information is not required for disclosure of public information but may be collected if necessary to fulfill the request.		Date of Request:	
*Requestor's Name:		*Requestor's Phone Number:	
*Requestor's Address:		*Requestor's Signature:	
Date of Incident (if known or applicable):		Court File/ICR Number:	
Description of Information Requested (please list all documents you are requesting):			
<b>Request Made:</b> <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax		<b>Requestor is Making Request As:</b> <input type="checkbox"/> Subject of Data** <input type="checkbox"/> Victim or Alleged Victim ** <input type="checkbox"/> Public Request <input type="checkbox"/> Unknown/Other _____ _____	
<b>Request for:</b> <input type="checkbox"/> Copies of Documents (fees may apply, see Section "C") <input type="checkbox"/> Document Review at County Attorney's Office Date Preference For Review: _____		** If the requested data is classified as "not public" the requestor's identity must be verified before release	

**B. To Be Completed by the Department or Division:**

Request Received By:	Requestor's Identity Verified By:
Request Handled By:	Method of Identification: <input type="checkbox"/> Driver's License #: _____ <input type="checkbox"/> Other: _____
Request Was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in part/Denied in part Explanation: <input type="checkbox"/> See Attached Letter, or: _____	

**C. To Be Completed by the Department/Division When Fees Apply:**

<input type="checkbox"/> No Fee Charged: <input type="checkbox"/> Under \$5.00 or <input type="checkbox"/> Victim Request			
<input type="checkbox"/> Fees: Flat Rate _____ No of pages X \$0.25 per page = _____ Amt. Due		<input type="checkbox"/> Fees: Special Rate Please complete and attach Form B (Copy Cost Calculation Form) for projects requiring a special rate.	
Amount Due:	\$	Received By	Date Received
Amount to be Prepaid: (50% of total if over \$50)	\$	Received By	Date Received
Balance Due: (upon completion)	\$	Received By (signature)	Date Received

**Notes to Requestor:**

Make Check or Money Order Payable to: Chisago County Attorney's Office	If this form will be returned by mail, send for with any fees to 313 North Main Street, Rm 373 Center City, MN 55012
<b>Copying Fees:</b> You may be required to pay the actual costs of making, certifying and/or complying the copies of information requested. <b>Request for frequency for Private Data on Individuals:</b> After you have been given the data and informed of its meaning, the data need not be disclosed to you again for six months thereafter unless a dispute or action is pending or additional data on you has been collected.	