

State Of North Dakota  
County Of \_\_\_\_\_

In District Court  
\_\_\_\_\_ Judicial District

The State Of North Dakota, )  
Plaintiff, )  
vs )  
\_\_\_\_\_ )  
Defendant. )

Criminal Case No. \_\_\_\_\_  
**Declaration Of Service By  
Office Service**

*(A separate Declaration is required for each person served.)*

**The person serving court documents at the office states:**

1. My name is \_\_\_\_\_ (name of person who delivered documents to the office).

2. I am at least 18 years of age. I am **not a party or interested in the above named civil matter.**

3. **List of Court Documents Served** (each bulleted document is required to be served when making a Motion to Prohibit Public Access to a Defendant's criminal records. If you have documents, such as exhibits, that aren't listed, use "Other" to write the title of each):

- Notice of Motion to Prohibit Public Access
- Motion to Prohibit Public Access
- Brief in Support of Motion to Prohibit Public Access
- Affidavit in Support of Motion to Prohibit Public Access
- Proposed Findings of Fact, Conclusions of Law and Order on Motion to Prohibit Public Access
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**4. Date, Time, and Address of Office Service:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m. (or)  p.m.

Office Address:

\_\_\_\_\_  
(street address) (city) (zip code)

**5. Office Service:**

As required by Rule 5(b)(3) of the North Dakota Rules of Civil Procedure, I served a true and correct copy of each of the documents listed in Paragraph 3 to the offices of \_\_\_\_\_ (name of state's attorney), the state's attorney for the North Dakota county in which this matter was prosecuted at the date, time and address listed in Paragraph 4 by leaving the court documents with \_\_\_\_\_ (name), who is a person in charge.

**6.** I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration is true and correct.

Signed on \_\_\_\_\_ (date) in \_\_\_\_\_ (city),  
\_\_\_\_\_ (county), \_\_\_\_\_ (state), \_\_\_\_\_ (country).

\_\_\_\_\_  
(Signature of Person Who Served Documents)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address) (City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number) (Email Address)