

**STATE OF MINNESOTA – SEVENTH JUDICIAL DISTRICT**

Arresting Agency:	Badge #:	Date/Time Released:
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**Sign 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**

<b>YOU ARE REQUIRED TO APPEAR IN COURT</b>	
Court File Number:	
<b>Stearns County Courts Facility Building</b> 815 Courthouse Square St. Cloud, MN 56303 320-656-3620	
Court Date ( <b>Wednesday</b> ):	Court Hearing Time: <b>8:30 A.M.</b>
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:** \_\_\_\_\_

**Refuse to Sign**                       **Refuse to Accept**

**Officer Signature:** \_\_\_\_\_

**All court appearances shall be scheduled on a Wednesday at least two weeks (14 days) from the date of contact. Email completed form to [Stearns.reports@courts.state.mn.us](mailto:Stearns.reports@courts.state.mn.us) and [signandreleasewarrants@co.benton.mn.us](mailto:signandreleasewarrants@co.benton.mn.us)**