

COLLECTIONS 101

A look into Anoka County's process for collecting on MAXIS & MEC2 claims

- ▶ 1. Claims are sent to our unit via email from our document support system ONBASE
- ▶ 2. Support staff loads the claim and reassigns the email to a different folder for claims worker
- ▶ 3. Letters are sent from MAXIS either Certified or Regular Mail

ESTABLISHMENT

- ▶ Claims worker reviews new case or new claim if case already exists
- ▶ **ALWAYS** make sure each responsible party has a current address on the CADR screen
- ▶ Evaluate the case information to see if client is current on benefits for recoupments or closed on claim related program. Calendar to monitor that a recoupment will in fact be coming the next month
- ▶ If no recoupments are likely- calendar for RR claim to be entered within 4-6 weeks from receiving case
- ▶ 5675 forms are your friend

COLLECTIONS

- ▶ When cards come back signed always make a claim note & review case to see if JOL filing criteria has been met
- ▶ Cards go in either a yes cabinet or a no cabinet (at my desk) for safe keeping
- ▶ DHS likes them filed within 90 days if possible but if it is tax season and client has a RR claim may extend to make sure claim isn't PIF with RR intercept first.
- ▶ All counties are e-file now so check with court admin for the process that they would like you to use

JOL'S

- ▶ MAXIS receipts are sent to claims workers daily
 - ▶ Update RR balances
 - ▶ Close any paid claims
 - ▶ Monitor for compromised payments
- ▶ Document Direct
 - ▶ FN840404 pulled weekly to monitor TOP postings
 - ▶ FN790301 pulled monthly- shows recoupments from home county
- ▶ Top RA's
 - ▶ If client signs but claim is MFP- make a copy and give to support staff so payments can be applied to F3 portion first

PAYMENTS

- ▶ Claims are often in MAXIS prior to conviction
 - ▶ Upon conviction certify in RR immediately (if not already)
- ▶ Meet with client one on one after sentencing
 - ▶ Give background on collection process
 - ▶ Establish a RA & give information on where to send payments
 - ▶ Employment status for any future garnishments
 - ▶ Build a good working relationship to promote a better collection rate

FRAUD

▶ Active judgment (either JOL or restitution) & no payments for a good length of time & job is located

- ▶ Send pre-garnishment letter to hopefully spark a payment
- ▶ No response to pre-garnishment letter send a 10 day intent to garnish letter that has been signed by County Attorney to the client
- ▶ Still no response- obtain a Writ of Execution from Court Admin & send to employer (ALWAYS consult with your County Attorney's office prior to get the most up to date procedures that should be followed)

GARNISHMENTS

▶ Once notified of an appeal

- ▶ Stop all letters
- ▶ Place RR on hold
- ▶ Stop recoupments
- ▶ Request appeals documentation for file
- ▶ Calendar to monitor appeal process in case not notified of a decision

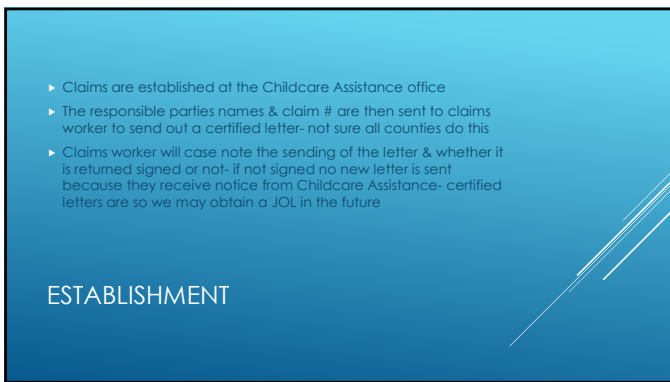
APPEALS

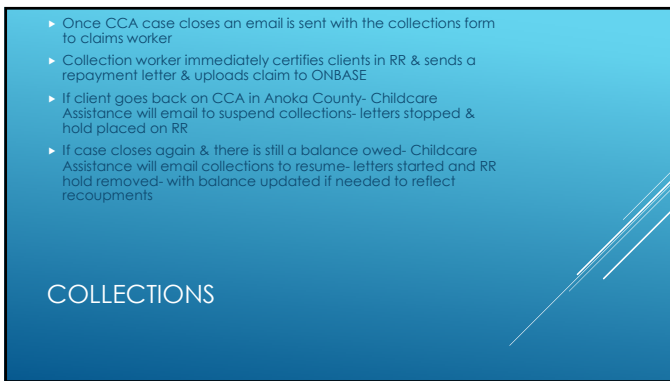
▶ Once appeals decision is reached

- ▶ Proceed with collections according to decision
- ▶ Start letters
- ▶ Remove RR hold
- ▶ Make sure you start recoupments- **DO NOT FORGET THIS**
- ▶ Request appeal documentation for file if not provided
- ▶ If claim needs to be adjusted in any way make sure you receive a Gen-11
- ▶ Close claim if found not valid and no collections needed-again get a Gen-11 so claim may be adjusted

APPEALS







▶ I receive a spreadsheet of MEC2 receipts daily

- ▶ Update RR balances
- ▶ Close any cases that are paid in full
- ▶ Monitor for any compromise payments so claim amount can be adjusted

▶ Pull claims listing from MEC2 every few months to monitor recoupments, adjust RR balances and close cases that have zero balances from recouping (usually from recoupments happening in other counties)

PAYMENTS

▶ Sending out the certified notices has allowed for Anoka County to obtain JOL'S for Childcare Assistance claims

▶ We follow the same criteria as we would for MAXIS claims

JOL'S

▶ Anoka County will request judgments for CCA claims through conciliation court proceedings

▶ A CCA demand letter that goes to the client giving them 2 weeks to enter into an RA or we will proceed with court (this usually works)

▶ Calendar for deadline if no contact we will initiate conciliation court proceedings to obtain a judgment for possible wage garnishment- follow county court rules for court

CONCILIATION COURT

Fraud claims & garnishments are handled the same way for both MAXIS and MEC2 claims

► The following has been a presentation of Anoka County's process for collections but we would like to remind you to consult with your County Attorney and Court Administration prior to incorporating any of this process into your departments.

QUESTIONS???

**Judgment by Operation of
Law**

MFSRC 2016

Scott Wotzka, DHS
Jodie Schuldt, Chippewa County
Anna Welch, Anoka County
Dave Lovik, Scott County

Topics

- Introductions
- Definition
- Policy
- MAXIS Procedure
- County Processes – Jodie and Anna
- Electronic Filing Process – Dave

What is JOL?

Form of civil recovery of overpayments and
securing a judgment on MAXIS claims.

Policy

- Must be done on household error overpayments over \$100.00 or fraud claims not established by a court order for restitution
- Client must be notified via certified mail
- Appeal timeframe extended to 90 days

Policy Continued

- May be docketed 90 days after notice delivery or termination of benefits, whichever is later
- Can be postponed if payment plan is made
- Must be renewed every 10 years
- MAXIS JGMT panel should be kept up-to-date

Certified Notice

- Certified notice initiated in MAXIS CCOL/CLRA
- Each adult must get certified notice
- Printed at IOC, sent to county contact
- Mailed certified by the county

Certified Notice Continued

- Cost can be reimbursed by state
- Must have signed card to docket
- Can have the notice served personally
- If no certified notice, no JOL

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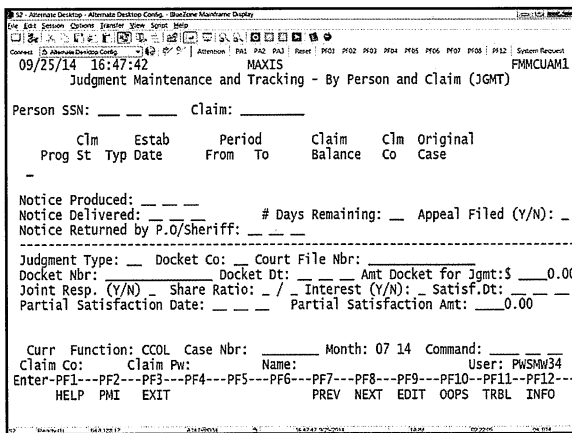
32* Alternate Desktop - Alternate Desktop Config - BlueZone Mainframe Display
09/25/14 15:01:41 MAXIS FMMCIAM1
Claim Repayment Agreement (CLRA)
Claim: 36650 From: 07 14 to 09 14 Program: FS Established: 09 25 14
Status: 2 Active 09 25 14 Rsn: 01 Type: H Household Err: 01 HH No Info
Person SSN: 500401234 Name: SMITH WILLIAM H ← ORIGINATING CASE/PERSON
Case ID: Case Prog Status:
Resp: 01 Coll: 01 Demand: 01 Bill: Tax: Collect Agency: Code Date
TOP Status: Legal Action:
Certified Mail (Y/N) Y ← MCE Referral:
Repayment Agreement Date: Created:
Repayment Method: Recoup Begin Period:
Monthly Amount: $
Lump Sum Amount: $
Community Service Hours: Changed: 09 25 14 Wrkr: PWSMW34
Function: COL Case Nbr: Month: 07 14 Command:
Claim Co: 90 Claim Pw: PWSMW34 Name: SMITH, WILLIAM H User: PWSMW34
Enter-PF1--PF2--PF3--PF4--PF5--PF6--PF7--PF8--PF9--PF10--PF11--PF12--
HELP EXIT NOTES EDIT OOPS TRBL INFO
    
```

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31* Alternate Desktop - Alternate Desktop Config - BlueZone Mainframe Display
09/25/14 15:25:12 MAXIS FMMDOAM1
Demand Letter Inquiry (CDEM)
Person SSN: OTTEN, MARLO Claim:
Prog: Display Oldest Letters to Month:
Sel Claim/SSN Prg Notice Description Print Print
_ 632223 FS Notc To Set Up Repay Plan 09/12/14 Printed
_ 632223 FS Certified Notc Of Overpayment 06/30/13 Printed
Function: CCOL Case Nbr: Month: 09 14 Command:
Claim Co: Claim Pw: Name: User: PWSMW34
Enter-PF1--PF2--PF3--PF4--PF5--PF6--PF7--PF8--PF9--PF10--PF11--PF12--
HELP PMI EXIT PREV NEXT OOPS TRBL INFO
    
```

Docketing and Renewing

- Must be done every 10 years
- Update MAXIS with new info
- Once satisfied, file satisfaction document



Resources

- Combined Manual 0025.21.07 – JOL - Establishing Claims
- Combined Manual 0025.21.08 – JOL - Docketing and Renewing

County Procedures

- Anna Welch from Anoka County and Jodie Schultdt from Chippewa County will talk about their county's procedures
- Dave Lovik from Scott County will guide you through the electronic filing procedures

Contact Number

- Scott Wotzka – DHS Claims/TOP
- Phone number: 651-431-3955
- SIR email: Scott.Wotzka@state.mn.us

Thank You!

July 27, 2016

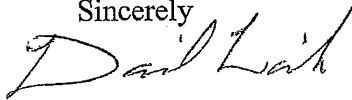
Court Administrator
200 4th Ave W
Shakopee, MN 55379

Attn Civil Dept.

Enclosed please find a Notice of Overpayment, proof of service, along with an Affidavit of Judgment by Operation of Law Notice of Entry of Judgment, Affidavit of Default, Affidavit of Identification, Affidavit of Non-Military Status, and Affidavit of Service, for purposes of entering and docketing judgment against _____ in favor of the State of Minnesota, County of Scott, in the amount of \$ 810.00. This action is pursuant to MN Statute Section § 256.0471.

Please forward a notice of docketing to my attention. Feel free to contact me if you have any questions.

Sincerely



David Lovik
Human Services
952-496-8661

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF SCOTT

FIRST JUDICIAL DISTRICT

STATE OF MINNESOTA

COUNTY OF SCOTT

PLAINTIFF

**AFFIDAVIT OF SERVICE
BY CERTIFIED MAIL**

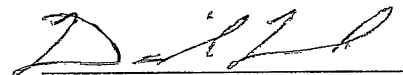
vs

Court File # _____

DEFENDANT

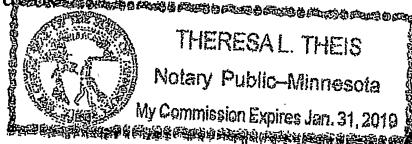
STATE OF MINNESOTA)
) SS.
COUNTY OF SCOTT)

David Lovik, being first duly sworn, deposes and says that on the 7th day of April 2016, I served the attached Notice of Overpayment upon the Defendant in this action, by placing a true and correct copy thereof in an envelope, certified mail, first class postage prepaid, return receipt requested and by depositing same in the United States mail at Shakopee, Minnesota, directed to said Defendant at, SE Prior Lake, MN 55372 the last known Address of Said Defendant.


David Lovik

Subscribed and sworn to before me on this 11th day of April, 2016


Notary Public



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prior Lake MN 55372

2. Article Number

(Transfer from service label)

7012 1640 0001 4564 9112

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Delivered by (Printed Name)

[Signature]

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SCOTT COUNTY HUMAN SERVICES
GOVERNMENT CENTER 300
200 FOURTH AVE. W.
SHAKOPEE MN 55379-1220

9990873800192120

March 25, 2016 08:16 PM

← Remove
Last 4
SSN

SSN: XXX-XX-XXXX
Claim Number:

PRIOR LAKE MN 55372-2509

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, DAVE at (952) 496-8490.
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
-

Supplemental Nutrition Assistance Program (SNAP) Notice of Overpayment

Your household was overpaid SNAP benefits. This happened from February 2016 through March 2016. All household adults are responsible for this overpayment. You owe \$810.00.

The reason for the overpayment is:

Your household failed to give us information.(Auth:5,7,10,11,12)

Please repay this amount within 30 days of the date on this notice. If not, this claim will become delinquent. However, if your household is still receiving benefits, a recoupment will be collected from them to pay back the claim. This will prevent the claim from becoming delinquent.

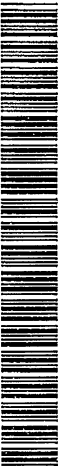
Once you or another adult responsible for the claim, are no longer receiving this benefit, you will have 30 days to pay this claim in full or contact the county office to make repayment arrangements for this claim. After the 30 day period, this claim will become delinquent.

COMPROMISE

We will forgive part of this claim if:

-You repay it within 90 days of this notice
AND

-You repay 75% of the amount due. You may pay a smaller amount for some asset claims. For these you can repay the amount assets were over the limit.



Failure to repay may result in:

- taking part of your benefits each month
- taking state tax refunds
- taking lottery winnings
- taking federal wages, benefits or refunds
- referral to other agencies for recovery

A delinquent claim may result in a collection fee.

You have the right to look at and copy the claim record. Your appeal rights are on the back of this notice.

NOTE: A JUDGMENT MAY EXIST IF YOU GOT THIS BY:

- CERTIFIED MAIL or
- PERSONAL SERVICE

YOU MAY AVOID A JUDGMENT IF YOU:

- APPEAL WITHIN 90 DAYS and
- WIN THE APPEAL

IF NOT REPAID BEFORE YOUR ASSISTANCE ENDS, A JUDGMENT MAY BE DOCKETED. THIS MEANS IT IS FILED WITH THE COURT

ONCE A JUDGMENT IS DOCKETED, RESULTS MAY INCLUDE:

- property liens
- credit bureau reports
- interest charges, and
- wage levies

Call your claim worker if you have any questions about your overpayment.

COMMENTS:

THE COMBINED SIX MONTH REPORT FORM WAS RECEIVED ON 02/01/16. YOU DID NOT REPORT YOU WERE WORKING AT VALLEY NATURAL THUS THIS IS RECOOPMENT OF BENEFITS FOR 02/16, 03/16 YOU COLLECTED BUT WERE NOT ELIGIBLE FOR.

CLAIM WORKER: DAVE

TELEPHONE: (952) 496-8490

STATE OF MINNESOTA
COUNTY OF SCOTT

IN DISTRICT COURT
FIRST JUDICIAL DISTRICT

STATE OF MINNESOTA
COUNTY OF SCOTT
Plaintiff

vs

JUDGMENT BY OPERATION OF LAW
NOTICE OF ENTRY OF JUDGMENT AND
AFFIDAVIT OF DEFAULT AND
AFFIDAVIT OF IDENTIFICATION
AFFIDAVIT OF NON-MILITARY STATUS
COURT FILE NO: _____

Defendant

NOTICE IS HEREBY SERVED UPON YOU by United States mail that filing is being made with the Court Administrator of a Notice of Entry of Judgment and an Affidavit of Default for failure to pay a Public Assistance overpayment, pursuant to Minnesota Statutes, Section 256.0471. You may request a hearing on the issue of whether the amounts claimed owing have been paid and to seek to vacate the Judgment. When these documents are filed, Judgment will be entered and docketed against you in favor of the State of Minnesota, County of Scott, in the amount of \$ 810.00. The Judgment will constitute a lien against your real property. David Lovik being first duly sworn on oath deposes and says:

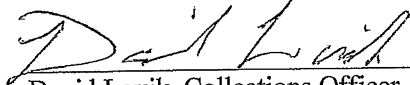
That your affiant is an agent for the Judgment Creditor herein.

That to the best of your affiant's knowledge information and belief, the full name of the Defendant in this action is _____ the occupation of the Defendant is unknown, the Defendant reside at Prior Lake MN 55372 the Defendants post office address _____ Prior Lake, MN 55372 the defendant is not in the United States Armed Services. The Plaintiffs in this action are the State of Minnesota, County of Scott. The Plaintiff's address is; 200 4th Ave W, Shakopee, MN 55379.

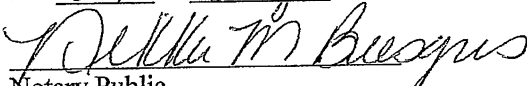
That the Defendant has not paid her Public Assistance overpayment. That during the time period February 2016 through March 2016 the Defendant failed to pay the full amount due; payments due were \$ 810.00, the amount paid was \$ 0.00. The amount unpaid is \$ 810.00.

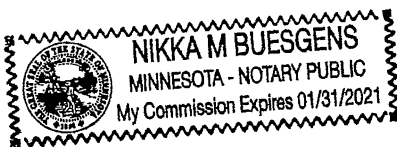
The unpaid amount is \$ 810.00. Said amount is due and payable to the Plaintiff, State of Minnesota, County of Scott.

FURTHER YOUR AFFIANT SAITH NOT.


David Lovik, Collections Officer
Collections Dept. on behalf of
Scott County

Subscribed and sworn to before me
this 27 of July, 2016


Notary Public



STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF SCOTT

FIRST JUDICIAL DISTRICT

STATE OF MINNESOTA
COUNTY OF SCOTT

Plaintiff,

vs

AFFIDAVIT OF SERVICE BY MAIL
Court File No. _____

Defendant

STATE OF MINNEOSTA)
)SS
COUNTY OF SCOTT)

David Lovik, Collections Officer for the County of Scott, Office of Scott County Human Services in the city of Shakopee, state of Minnesota, being duly sworn, states that on The 27th day of July, 2016, he served the attached Judgment by Operation of Law, Notice Of Entry of Judgment, and Affidavit of Default and Affidavit of Identification and Affidavit of Non-Military Status _____, the Defendant in this action, by mailing To Defendant a true and correct copy thereof, enclosed in an envelope, first class postage prepaid, and by depositing same in the United States mail at Shakopee, Minnesota, directed to said Defendant's at, _____ Prior Lake MN 55372 the last known address of said Defendant.

David Lovik

David Lovik

Subscribed and sworn to before me this
27 day of July, 2016.

Nikka M Buesgens

Notary Public





covltr.pdf	7/27/2016 10:26 AM	Adobe Acrobat D...	31 KB
1affser.pdf	7/27/2016 10:27 AM	Adobe Acrobat D...	53 KB
i2aff.pdf	7/27/2016 10:29 AM	Adobe Acrobat D...	54 KB
ngmcard.pdf	7/27/2016 10:27 AM	Adobe Acrobat D...	36 KB
nJOL.pdf	7/27/2016 11:30 AM	Adobe Acrobat D...	99 KB
3Crtntc.pdf	7/27/2016 10:29 AM	Adobe Acrobat D...	75 KB



Case Number Go

FILINGS BOOKMARKS TEMPLATES SERVICE CONTACTS

My Filings All Statuses All Locations From mm/dd/yyyy To mm/dd/yyyy Case or Envelope Filter Export ?

Case # Scott County Health & Human Services vs

Envelope # 3478770 filed July 27, 2016 at 11:49 AM by David Lovik

Status	Filing Code	Filing Type	Filing Description	Reference Number
Accepted	Correspondence	EFile	Cover Letter	
Accepted	Affidavit of Mailing	EFile	Affidavit of Service by certified Mail	
Accepted	Other Document	EFile	Copy of Certified mailing signature card	
Accepted	Other Document	EFile	Notice of Over Payment	
Accepted	Notice of Intent to Apply for Default Judgment	EFile	Notice of Default Judgment	
Accepted	Affidavit of Mailing	EFile	Affidavit in Support of Judgment	

Envelope # 3478594

Envelope # 3478594 filed July 27, 2016 at 11:27 AM by David Lovik

Status	Filing Code	Filing Type	Filing Description	Reference Number
Cancelled	Other Document	EFile	Cover Letter	

Case # - Scott County Health & Human Services vs

Draft # 3471106 started July 26, 2016 at 2:18 PM by David Lovik

Case # Scott County Health & Human Services vs

Draft # 3471076 started July 26, 2016 at 2:17 PM by David Lovik

Case # - Scott County Health & Human Services vs

Envelope # 3425050 filed July 20, 2016 at 8:31 AM by David Lovik

Status	Filing Code	Filing Type	Filing Description	Reference Number
Accepted	Statement of Claim and Summons	EFile	Statement of Claim and Summons	Jr

Scott County - Default Judgment

- Case Information
- Parties
- Filings
- Service Contacts
- Summary

Enter the Details for the New Case



Required fields are bold and have an asterisk (*).

Select Location*

Scott County

Select Category*

Civil

Select Case Type*

Default Judgment

Filing Attorney

Payment Account*

Scott County HHS Accounting

EXIT

Parties

Scott County - Default Judgment

- 1 Case Information
- 2 Parties
- 3 Filings
- 4 Service Contacts
- 5 Summary

Enter the Details for the Parties Involved in this Case



Party Type	Name	Attorney(s)
Plaintiff	Scott County Health & Human Services	
Defendant	=	

ADD PARTY

Party Type*
 Person Business

Business Name*

Country*

Address Line 1*

Address Line 2

City*

State*

Zip Code*

Phone Filer ID

Case Information

Filings

Scott County - Default Judgment

- 1 Case Information
- 2 Parties
- 3 Filings
- 4 Service Contacts
- 5 Summary

Enter Filing Details

Add Another Filing

Select Filing Code*

Other Document

E-File

Filing Description*

Cover Letter

Reference Number*

Optional Services

- Annual Accounting in Trusteeship (Final or Partial) (\$57.00)
- App/Discharge of Judgment (\$5.00)
- Assignment of Judgment (\$7.00)
- Certified Copy (\$16.00)
- Civil Filing Fee (\$325.00)
- Consolidation Fee (\$70.00)

Add →

Remove

Selected Optional Services

(Empty box for selected optional services)

Documents

Document*

30 kb

.pdf

Security*

Public

Filing Comments

Courtesy Copies

"Courtesy Copies will not be sent on Service Only filings"

Fees

Other Document

Filing Fee \$0.00

Total this Filing \$0.00

Case Initiation Fee \$0.00

Envelope Total \$0.00

Payment

Payment Account*

Scott County HHS Accounting

Filing Attorney

Filing Attorney

Parties

Service

Scott County - Default Judgment

- 1 Case Information
- 2 Parties
- 3 Filings
- 4 Service Contacts
- 5 Summary

Enter Filing Details

Code	Type	Description	Reference Number
Other Document	EFile	Cover Letter	
Affidavit of Service	EFile	Affidavit of Service by certified	
Other Document	EFile	Copy of Certified mailing signat	
Other Document	EFile	Notice of Over Payment	

Add Another Filing

Select Filing Code*
 Notice of Intent to Apply for Default Judgment E-File

Filing Description*
 Notice of Default Judgment

Reference Number*

Optional Services

- Certified Copy (\$16.00)
- Civil Filing Fee (\$325.00)
- Exemplified Copy (\$16.00)
- Jury Fee (\$102.00)
- Law Library Civil (\$13.00)
- Plain Copy (\$10.00)

Selected Optional Services

Add - Remove

Documents

Document* 74.6 kb

Security*
 Public

Filing Comments

Courtesy Copies

Courtesy Copies will not be sent on Service Only filings

Fees

Other Document	Filing Fee	\$0.00
Total this Filing		\$0.00
Affidavit of Service	Filing Fee	\$0.00
Total this Filing		\$0.00
Other Document	Filing Fee	\$0.00
Total this Filing		\$0.00
Other Document	Filing Fee	\$0.00
Total this Filing		\$0.00
Notice of Intent to Apply for Default Judgment	Filing Fee	\$0.00
Total this Filing		\$0.00
Casa Initiation Fee		\$0.00
Envelope Total		\$0.00

Payment

Payment Account*
 Scott County HHS Accounting

Filing Attorney

Filing Attorney

Parties

Service

WORKSPACE

MY ACCOUNT

HELP

ABOUT

LOGOUT

Welcome David Lovik



SEARCH

Case Number

GO

FILINGS BOOKMARKS TEMPLATES SERVICE CONTACTS

My Filings

All Statuses

All Locations

From

To

Case or Envelope

Case # - Scott County Health & Human Services vs

Envelope # 3478770 filed July 27, 2016 at 11:40 AM by David Lovik

Status	Filing Code	Filing Type	Filing Description	Reference Number
Accepted	Correspondence	EFile	Cover Letter	
Accepted	Affidavit of Mailing	EFile	Affidavit of Service by certified Mail	
Accepted	Other Document	EFile	Copy of Certified mailing signature card	
Accepted	Other Document	EFile	Notice of Over Payment	
Accepted	Notice of Intent to Apply for Default Judgment	EFile	Notice of Default Judgment	
Accepted	Affidavit of Mailing	EFile	Affidavit in Support of Judgment	

Envelope # 3478594

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Envelope # 3425050 filed July 20, 2016 at 8:31 AM by David Lovik

Status	Filing Code	Filing Type	Filing Description	Reference Number
Accepted	Statement of Claim and Summons	EFile	Statement of Claim and Summons	

State of Minnesota
Scott County

District Court
First Judicial District

Court File Number: _____

Case Type: Default Judgment

Notice of Entry and Docketing of Judgment

Scott County Health & Human Services
200 4th Ave W
Shakopee MN 55379

Scott County Health & Human Services vs

You are hereby notified that a judgment has been entered and docketed in the above entitled matter.

Judgment Information	
Entered Date	July 27, 2016
Docketed Date	July 27, 2016
Docketed Time	3:05 PM
Debtor(s)	
Creditor(s)	Scott County Health & Human Services
Monetary Award:	
Monetary Amount:	\$810.00

A true and correct copy of this notice has been served pursuant to Minnesota Rules of Civil Procedure, Rule 77.04. Please be advised that notices sent to attorneys are sent to the lead attorney only.

Note: Costs and interest will accrue on any money judgment amounts from the date of entry until the judgment is satisfied in full.

Dated: July 27, 2016

Vicky L. Carlson
Court Administrator
Scott County District Court
200 4th Avenue West JC 115
Shakopee MN 55379
952-496-8200