

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City

State

Zip Code

City

State

Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City State Zip Code

City State Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City State Zip Code

City State Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City State Zip Code

City State Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City

State

Zip Code

City

State

Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City State Zip Code

City State Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City

State

Zip Code

City

State

Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

State of Minnesota**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Appeal of tenants to a rent stabilization determination at 934, 938, 942 Ashland Ave

Plaintiff / Petitioner (first, middle, last)**Certificate of Representation
and Parties**

(Minn. Gen R. Prac 104(a))

and

Defendant / Respondent (first, middle, last)Date Case Filed: June 12, 2025

This Certificate must be filed pursuant to Rule 104(a) of the General Rules of Practice for the District Courts if the case is a family case or a civil case listed in Minn. Gen. R. Prac. 111.01. **If information is not then known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information.** Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF/PETITIONERATTORNEY FOR DEFENDANT/RESPONDENT

James Poradek; Abigail Hanson; Emily Curran

Name_____
Name275 East 4th Street, Suite 590_____
Postal Address_____
Postal AddressSaint PaulMN55101_____
City_____
State_____
Zip Code_____
City_____
State_____
Zip Code651-391-8393_____
Telephone Number_____
Telephone Numberjporadek@hjcmn.org; ahanson@hjcmn.org;
ecurran@hjcmn.org_____
Email Address_____
Email AddressPoradek: 0290488; Hanson: 0402944;
Curran: 0506150_____
Minnesota Attorney License Number_____
Minnesota Attorney License Number

PLAINTIFF/PETITIONER, Self-represented

DEFENDANT/RESPONDENT, Self-represented

Name

Name

Postal Address

Postal Address

City

State

Zip Code

City

State

Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

(Attach additional sheets for additional attorneys/parties)

Note: If either Plaintiff/Petitioner or Defendant/Respondent gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.