

County

Judicial District:
Court File Number:
Case Type:

Plaintiff

vs.

Defendant

Conciliation Court
Affidavit of Service

STATE OF MINNESOTA)
) SS
COUNTY OF _____)

states the following:

Check and complete one of the following:

1. [Service by Mail]

- I am over eighteen years of age or
I am over eighteen years of age and not a party to the action. [Note: A party may generally not serve process, but is allowed to serve a Conciliation Court Summons by Certified Mail and a Demand for Removal/Limited Removal by First Class Mail.]

On the day of , 20, I served the

- Summons
Demand For Limited Removal
Other Document (specify)

upon , (plaintiff/defendant or attorney for), by placing a true and correct copy of it in an envelope addressed as follows:

Address lines

which is the last known address of said party or attorney and depositing it,

- first-class postage or) specify one or both
Certified Mail, postage prepaid),
in the United States mail.

2. [Personal Service] I am over eighteen years of age and not a party in the

- above-entitled action. I served a copy of the
Summons

- Demand For Limited Removal
- Other Document _____ (specify)
upon _____, (title) _____,
by delivering a copy personally to him/her at _____
at _____ am/pm, on _____, 20_____.

3. **[Service not completed; party not found.]**

I am over eighteen years of age.

After diligent search and inquiry, I was unable to locate _____
_____(name of party to be served), or any residence
or business address for him/her at which service could be attempted.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature of Server

Name: _____

Address: _____

City / State / Zip: _____

E-mail address: _____

Telephone: _____