

County

Judicial District:
Court File Number:
Case Type:

Plaintiff

vs.

Defendant

Conciliation Court
Affidavit of Service

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

being sworn/affirmed under oath, states:

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:

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.

Dated: _____

Signature of Server

(Sign only in front of notary public or court administrator.)

Sworn/affirmed before me this

_____ day of _____, 20_____.

Telephone (____) _____

Notary Public \ Deputy Court Administrator