State of Minnesota District Court County of: Judicial District: Court File Number: Domestic Abuse Case Type: In the Matter of: **Affidavit of Personal Service by** Petitioner (first, middle, last) **Peace Officer/Corrections Officer** VS. (Domestic Abuse) (Minn. Stat. §518B.01, subd. 8) Respondent (first, middle, last) I, state that I am a: Peace officer licensed by the state of Minnesota, or Corrections officer, including but not limited to probation officer, court services officer, parole officer or a jail or correctional facility employee. On I personally served true and correct copies of the following: (Place an X in the box next to the documents that you served.) Affidavit of (Name of person who signed Affidavit) Petition for Order for Protection ☐ Notice of Hearing ☐ Ex parte Order for Protection Other (Title of any other documents served) upon in the above entitled matter Address (Include name of facility if appropriate) Apt. No. City State Zip Code I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116. Signature Name: County and State where signed Address: City/State/Zip: Telephone: E-mail address:

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