



FOURTH JUDICIAL DISTRICT

INSTRUCTIONS FOR USE OF THE HENNEPIN COUNTY ADDITIONAL LITIGANTS FORM

This form is used when you have more than two plaintiffs or three defendants. Follow the instructions below to complete this supplemental form. *All parties named on the original claim must be entered on this sheet before additional parties are entered.*

1. Enter the name and address for Plaintiff #1 as it appears on the original claim form in the space at the upper left marked Plaintiff #1. Include the phone number with area code.
2. Enter the name and address for Defendant #1 as it appears on the claim form in the space at the upper right marked Defendant #1.
3. Enter all other parties to the case in the spaces below the heavy line. Enter each plaintiff name and address, checking the box for plaintiff and numbering it accordingly.
4. After all plaintiffs have been entered, enter each additional defendant name and address, checking the box for defendant and numbering it accordingly.
5. Bring or mail all forms, **including the signed original**, along with the filing fee to the Hennepin County Conciliation Court.
6. For more information, visit our webpage “Where to file a Conciliation Court Case” at www.mncourts.gov/district/4/?page=848 .

ADDITIONAL LITIGANTS

Complete case title for case number: _____

PLAINTIFF #1

VS.

DEFENDANT #1

Name
Address
City/State/Zip
Daytime Phone Number ()

Name	
Address	
City/State/Zip	Phone (optional) ()

Plaintiff Defendant Number _____

Plaintiff Defendant Number _____

Address	
City/State/Zip	Phone (optional) ()

Address	
City/State/Zip	Phone (optional) ()

Plaintiff Defendant Number _____

Plaintiff Defendant Number _____

Address	
City/State/Zip	Phone (optional) ()

Address	
City/State/Zip	Phone (optional) ()

Plaintiff Defendant Number _____

Plaintiff Defendant Number _____

Address	
City/State/Zip	Phone (optional) ()

Address	
City/State/Zip	Phone (optional) ()

Plaintiff Defendant Number _____

Plaintiff Defendant Number _____

Address	
City/State/Zip	Phone (optional) ()

Address	
City/State/Zip	Phone (optional) ()

CASE NO. _____