

State of Minnesota

District Court

[Empty box for State of Minnesota details]

Judicial District:	_____
Court File Number:	_____
Case Type:	Juvenile

In the Matter of the Welfare of the Child(ren) of:

**Affidavit of Service:
Notice of Motion and
Motion to Intervene**

_____	Parent	Legal Custodian
_____	Parent	Legal Custodian

State Of Minnesota)
 County Of _____) SS
 (County where Affidavit Signed)

I, _____, being first duly sworn, upon oath, state
(Name of person who mailed or hand delivered documents)

that on _____, I served the attached Notice of Motion and
(Date Service Made)

Motion to Intervene by (check one):

hand delivering the document to the following persons at the following addresses:

OR

mailing the document to the following person(s) at the following addresses:

- | | | | |
|-------|----------------|-------|-----------|
| _____ | First Name | _____ | Last Name |
| _____ | Street Address | _____ | Apt. No. |
| _____ | City | _____ | County |
| _____ | State | _____ | |
- | | | | |
|-------|----------------|-------|-----------|
| _____ | First Name | _____ | Last Name |
| _____ | Street Address | _____ | Apt. No. |
| _____ | City | _____ | County |
| _____ | State | _____ | |
- | | | | |
|-------|----------------|-------|-----------|
| _____ | First Name | _____ | Last Name |
| _____ | Street Address | _____ | Apt. No. |
| _____ | City | _____ | County |
| _____ | State | _____ | |

4. _____
First Name Last Name

Street Address Apt. No.

City County State

5. _____
First Name Last Name

Street Address Apt. No.

City County State

6. _____
First Name Last Name

Street Address Apt. No.

City County State

7. _____
First Name Last Name

Street Address Apt. No.

City County State

8. _____
First Name Last Name

Street Address Apt. No.

City County State

Dated: _____

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

Name: _____

Street Address: _____

City/State/Zip: _____

Sworn/affirmed before me this
this _____ day of _____.

Notary Public \ Court Administrator