

See Instructions (CCT100) for help in filling out this form.

State of Minnesota

Conciliation Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Conciliation

Plaintiff

VS

Defendant

- Check the box if there are more than two plaintiffs or more than two defendants. List the names and information for the other parties on the Additional Litigants Form (CCT702).

Conciliation Court Affidavit of Service (CCT103)

My name is _____

I am at least 18 years old. I served documents regarding this Conciliation Court case as follows:

Documents Served on Other Party

I served the following document(s): *Check all that apply.*

- Summons: Conciliation Court (**NOTE:** the *Summons* must be served on Defendant by **Certified Mail** or personal service)
- Plaintiff's Statement of Claim (**NOTE:** the *Statement of Claim* must be served on Defendant by **Certified Mail** or personal service)
- Motion to Vacate Judgment *and* Supporting Affidavit
- Demand for Removal/Limited Removal
- Other document (specify): _____

Details of Service

I served the documents checked above on the following party:

Name: _____

OR I served this party's attorney instead of the party.

➔ Check the box showing the type of service used (certified, first-class, or personal service), and fill in the date and location of service.

I served the other party by:

Certified Mail, postage prepaid – I mailed the documents on _____ (date), from _____ (city, state).

Regular First-Class Mail – I mailed the documents on _____ (date), from _____ (city, state).

Personal Service (hand-delivered) – I hand-delivered the documents to the other party on: _____ (date) at the following location:

Address: _____

City/State/Zip: _____

NOTE: The *Summons* and *Statement of Claim* cannot be served on Defendant by regular first-class mail.

Service Not Completed (Party Not Found)
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After a careful search, I was not able to find the following party (or any residence or business address for this party): _____

I could not find a way to serve this party.

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

Date: _____

Signature: _____

Name: _____

County and state where signed: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____