Sta	tate of Minnesota	District Court	
County of:		Court File Number:	
Judicial District:		Case Type: Extreme Risk Protection Order	
Pe	etitioner		
VS	S		
Re	espondent		
		al Service (ERP105) 4.7171 - 624.7178	
1.	. My name is:	I am a:	
	\square Peace officer licensed by the state of	Minnesota or	
	\Box Corrections officer, including but not officer, parole officer or a jail or correction	limited to probation officer, court services onal facility employee.	
2.	. On I po	ersonally served true and correct copies of the	
	☐ Petition for Extreme Risk Protection O	rder, including all attachments	
	☐ Firearms Information Form		
	\square Notice of Hearing or Request for Hear	ing Form	
	\square Emergency Extreme Risk Protection O	rder	
	\square Order for Hearing		
	☐ Other document(s):		
3.	. Papers were served on Respondent by hand	delivering the documents to _at the following address:	
	Facility Name (if needed):		
	Street Address:		
	City, State, Zip:		

Dated:	Signature	
	Name	
County and state where signed	Agency Name:	
	Agency Address:	
	Agency City/State/Zip:	
	Agency Phone:	
	Email:	

I declare under penalty of perjury that everything I have stated in this document is true and

correct. Minn. Stat. § 358.116.