|  |  |  |
| --- | --- | --- |
| **State of Minnesota** |  | **District Court****Probate Division** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Guardianship/Conservatorship |

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| In Re: the Guardianship of |  | Affidavit of Service(Annual Reporting - Guardianship) |  |

My name is , and I am at least 18 years old. I served papers for the guardianship case as follows:

|  |  |  |
| --- | --- | --- |
| **Person Subject to Guardianship:** |  | Forms Served *(check all that apply)*: |
| Name: |  |  | [ ]  *Personal Well-Being Report* |
| Served at |  |  | [ ]  *Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief* |
| (location): |  |  | [ ]  *Bill of Rights* |
|  |  |  |
| Date Of Service: |  |  | [ ]  Other: |
|  |  |  |  |
| How Served: | [ ]  By Mail (United States Mail) | [ ]  By Personal Service (hand-delivered) |

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| **Person of Interest:** |  | Forms Served *(check all that apply)*: |
| Name: |  |  | [ ]  *Personal Well-Being Report* |
| Served at |  |  | [ ]  *Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief* |
| (location): |  |  | [ ]  *Bill of Rights* |
|  |  |  |
| Date Of Service: |  |  | [ ]  Other: |
|  |  |  |  |
| How Served: | [ ]  By Mail (United States Mail) | [ ]  By Personal Service (hand-delivered) |

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| **Person of Interest:** |  | Forms Served *(check all that apply)*: |
| Name: |  |  | [ ]  *Personal Well-Being Report* |
| Served at |  |  | [ ]  *Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief* |
| (location): |  |  | [ ]  *Bill of Rights* |
|  |  |  |
| Date Of Service: |  |  | [ ]  Other: |
|  |  |  |  |
| How Served: | [ ]  By Mail (United States Mail) | [ ]  By Personal Service (hand-delivered) |

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| **Person of Interest:** |  | Forms Served *(check all that apply)*: |
| Name: |  |  | [ ]  *Personal Well-Being Report* |
| Served at |  |  | [ ]  *Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief* |
| (location): |  |  | [ ]  *Bill of Rights* |
|  |  |  |
| Date Of Service: |  |  | [ ]  Other: |
|  |  |  |  |
| How Served: | [ ]  By Mail (United States Mail) | [ ]  By Personal Service (hand-delivered) |

*If you need more space, add another sheet of paper.*

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

|  |  |  |
| --- | --- | --- |
| Dated |  | Signature of Person Who Served the Forms |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |