State of Minnesota **District Court** County of: Judicial District: Court File Number: Case Type: **Domestic Abuse** In the Matter of: Affidavit in Support of Request for Petitioner (first, middle, last) **Alternate Service or Publication** Minn. Stat. §518B.01, subd. 5(f) and 8 VS. Respondent (first, middle, last) I am the Petitioner in this case, I ask that the court authorize service of the Petition for an Order for Protection, any order that has issued under Chapter 518B, and any notice, by: O first class mail at Respondent's last known address OR () publication I state the following in support of my request: 1. An attempt at personal service made by the sheriff or other law enforcement or corrections officer was unsuccessful because Respondent is avoiding service by concealment or otherwise, and a copy of the Petition and either the Order for Hearing or Request for Hearing form has been mailed to Respondent. OR An attempt at personal service made by the sheriff or other law enforcement or corrections officer was unsuccessful because Respondent is avoiding service by concealment or otherwise, and I do not know Respondent's current address. 2. Personal service was attempted on the following date(s): 3. The last known location of Respondent is:

4.	My most recent contact with Respondent was:	
5.	The last known location of Respondent's employment was:	
6.	The names and locations of Respondent's parents, siblings, children and other close relatives are:	
7.	a. The names and locations of persons likely to know Respondent's whereabouts are:	
	b. I have made the following efforts to locate these persons:	
8.	The following circumstances show Respondent is avoiding service:	

I declare under penalty of perjury that eve correct. Minn. Stat. § 358.116.	crything that I have stated in this document is true and
Dated:	
	Signature
	Name:
County and State where signed	(If you have asked to keep your address and/or phone number confidential, do not include it here)
	Address:
	City/State/Zip:
	Telephone:
	E-mail address: