State of Minnesota

Xeev Minnesota

District Court

Cheeb Tsam Tsev Hais Plaub

County *Cheeb Nroog*	Judicial District: _____ *Ciaj Ciam Cheeb Tsam :* Court File Number: _____ *Zauv Cim Tsab Ntawv Rooj Plaub:* Case Type: _____ *Hom Txooj Xwm:*

☐ In Re the Marriage of:

☐ *Hais Txog Kev Txij Nkawm ntawm:*

_____

_____
Plaintiff / Petitioner
Neeg Thov Kev Sib Hais/Neeg Foob
vs / and

vs / thiab

_____
Defendant / Respondent
Neeg Teb Lus/Neeg Raug Liam

_____
Intervenor
Tus Tshuam Lus

Affidavit of Personal Service
Affidavit of Service By Mail
Ntawv Ua Pov Thawj Nqa Rau
Ntawv Ua Pov Thawj Xa Rau

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)
XEEV MINNESOTA)
CHEEB NROOG _____) SS
(Lub Cheeb Nroog Uas Kos Npe Rau Tsab Ntawv Pov Thawj)

I, _____, being duly sworn, upon oath, state that on
(Name of person who served documents)
_____, I served the attached documents, namely _____
(Date service made) (Title of documents hand delivered or mailed)
_____ upon (check one):

☐Plaintiff / Petitioner (Name) _____

☐Defendant / Respondent (Name) _____

☐County Agency (Name) _____

☐Other (Name) _____

Kuv, _____, *lees, raws kev ncaj ncees tias*
(Tus neeg xa tsab ntawv no)
_____, *kuv xa cov ntaub ntawv rhais no, hu ua* _____
(Hnub xa) *(Tsab ntawv nqa mus los yog xa mus lub npe)*
_____ *mus rau (kos ib tug):*

☐*Neeg Thov Kev Sib Hais/Neeg Foob (Npe)* _____

☐*Neeg Teb Lus/Neeg Raug Liam (Npe)* _____

☐*Cheeb Nroog (Npe)* _____

☐*Lwm tus (Npe)* _____

by (check method of service used):
raws (kos hom kev xa):

☐Personally handing a true and correct copy of the document(s) to _____ named above at ____ o'clock ___.m. at _____
(Address where documents delivered)

☐*Nqa tsab(cov) ntaub ntawv tseem thiab yog mus rau* _____ *uas muaj npe saum toj no thaum* ____ *teev* ___ *sawv ntxov/tav su rau* _____
(Qhov chaw nyob uas nqa cov ntawv mus rau)

☐Mailing a true and correct copy of the document(s) to _____named above by placing the document(s) in an envelope with sufficient postage in the United States mail at the Post Office located in the City of _____, State of _____, at the person's last known address of: _____

☐*Xa tsab(cov) ntawv tseem thiab yog mus rau* _____*uas muaj npe saum toj no uas muab cov ntaub ntawv ntsaws rau hauv lub hnab ntawv them nyiaj xa tsim nyog los hauv Teb Chaws Asmeskas ib lub Chaw Xa Ntawv hauv lub Zos* _____, *hauv lub Xeev* _____, *mus rau tus neeg qhov chaw nyob uas paub zaum kawg kiag uas yog:* _____

Dated: _____

_____
Signature *(Sign only in presence of notary or Court Deputy)*

Hnub: _____

_____
Kos Npe (Tsuas kos npe tim ntsej muag ntawm tus Neeg Pov Thawj Notary los yog Tus Sawv Cev Rau Tus Khiav Dej Num Hauv Tsev Hais Plaub)

Sworn / affirmed before me this

_____day of_____ ,_____

Print Name: _____

Address: _____

City/State/Zip: _____

_____
Notary Public/ Deputy Court Administrator
Lees / qhia tseeb rau kuv rau

_____*hnub*_____ ,_____

Telephone: (_____)_____
Sau Npe: _____

Chaw Nyob: _____

Zos/Xeev/Zauv Zip: _____

_____
Neeg Muaj Cai Nias Npe / Tus Sawv Cev Rau Tus Khiav Dej Num Hauv Tsev Hais Plaub

Xov Tooj: (_____)_____