State of Minnesota **District Court**

County	Judicial District: _____
	Court File Number: _____
	Case Type:

_____
Plaintiff

vs.

_____
Defendant

Affidavit of Service on Limited Removal from Conciliation Court

STATE OF MINNESOTA)
) SS
COUNTY OF _____)

_____, states:

1. I am over eighteen years of age and not a party in the above-entitled action.

Check and complete one of the following:

☐ 2. On the _____day of _____, _____, I served the Demand For Limited Removal upon _____, plaintiff/defendant or attorney for _____), by placing a true and correct copy of it in an envelope addressed as follows:

_____

_____

which is the last known address of said party or attorney and depositing it, postage prepaid, in the United States mail.

☐ 3. I served a copy of the Demand for Limited Removal on _____ _____, (title) _____, by delivering a copy personally to him/her at _____ at _____ am/pm, on _____.

☐ 4. After diligent search and inquiry, I was unable to locate _____ _____(name of party to be served), or any residence or business address for him/her at which service could be attempted.

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 Server