

**State of Minnesota**

County \_\_\_\_\_

**District Court**

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Civil

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant

**Affidavit of Identification  
of Judgment Debtor  
(Minn. Stat. §548.09, subd. 2)**

State of Minnesota )  
 ) SS  
County of \_\_\_\_\_ )

\_\_\_\_\_ says that he/she is the Judgment Creditor, or the  
\_\_\_\_\_ for the Judgment Creditor, that to the best of his/her knowledge,  
information, and belief, the full name(s) of the Judgment Debtor(s) in the action above entitled is  
as follows: \_\_\_\_\_

That the business and occupation of said judgment debtor(s) is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That the place(s) of residence of said judgment debtor(s) is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That the place(s) of business of said judgment debtor(s) is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That the post office address(es) of said judgment debtor(s) is as follows:

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_