

State of Minnesota

Conciliation Court

County of: _____

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

Plaintiff (first, middle, last)

vs.

Defendant (first, middle, last)

**Conciliation Court
Affidavit of Service**

Check box if there are more than two plaintiffs or more than two defendants. list the other parties on the *Additional Litigants Form, CCT702*.

My name is _____. I make the following statement about service:

1. **Service by Mail**

I am over the age of 18. On _____, I served the following documents:

- Summons: Conciliation Court
- Plaintiff's Statement of Claim
- Motion to Vacate Judgment *and* Supporting Affidavit
- Demand for Removal/Limited Removal
- Other document (specify): _____

by placing a true and correct copy of the document(s) in an envelope addressed as follows:

Name of party served: _____

I served this party's attorney instead of the party

Address: _____

(the last known address) and **mailing the envelope in the United States mail by** (*check all that apply*):

- Regular first class mail.**
- Certified Mail, postage prepaid.**

2. **Personal Service**

I am over the age of 18. I am not a party in this case. I served the following documents:

- Summons: Conciliation Court
- Plaintiff's Statement of Claim
- Motion to Vacate Judgment *and* Supporting Affidavit
- Demand for Removal/Limited Removal
- Other document (specify): _____

by delivering a copy personally to the following:

Name of party served: _____

- I delivered the documents to this party's attorney instead of the party

Where served: _____

When served (date and time): _____

3. **Service not completed (party not found)**

After a careful search, I was not able to find the following party (or any residence or business address for this party): _____.

I could not find a way to serve this party.

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: _____

County and State where signed

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____