

County of: _____	Court File Number: _____
Judicial District: _____	Case Type: <u>Conciliation Appeal</u>

Plaintiff #1

Name: _____
 Address: _____
 City/State/Zip: _____

VS

Plaintiff #2

Name: _____
 Address: _____
 City/State/Zip: _____

VS

Defendant #1

Name: _____
 Address: _____
 City/State/Zip: _____

Defendant #2

Name: _____
 Address: _____
 City/State/Zip: _____

**Demand for Removal/Appeal from Conciliation Court to District Court and
 Affidavit of Good Faith (CCT402)**

To: _____, the Plaintiff / Defendant

_____ states:
 (Appellant or Attorney)

The appealing party is aggrieved by the judgment in Conciliation Court case file number _____ and hereby demands removal of this case from Conciliation Court to the District Court for trial De Novo (new trial) by court / jury.

AND

That this appeal is made in good faith and not for purposes of delay.

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

Date: _____

Signature of Attorney (or the Party if not represented)

If appealing party is a corporation, the party's attorney must sign

Printed Name: _____

County and state where signed: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____