

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

Plaintiff

VS

Defendant

Affidavit of Service on Limited Removal from Conciliation Court (CCT503)

Check and complete one of the following:

- 1. On _____ (date), I served the *Demand for Limited Removal* upon _____ (name), plaintiff/defendant, or attorney for _____ (name), by placing a true and correct copy of the *Demand* 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.

OR

- 2. I am over 18 years of age and not a party in this action. I served a copy of the *Demand for Limited Removal* on:

Name: _____

Title: _____

by delivering a copy personally to them as follows:

Location: _____

Date: _____ Time: _____ a.m./ p.m.

OR

3. After diligent search and inquiry, I was unable to locate _____
_____ (name of party to be served), or any
Residence or business address for them 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

Date: _____

Signature: _____

Printed Name: _____

County and state where signed:

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____