

State of Minnesota

Conciliation Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Conciliation

Plaintiff

VS

Defendant

Conciliation Court Additional Litigants Form (CCT702)

Plaintiff #3

Name: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____

Plaintiff #4

Name: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____

Defendant # 3

Name: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____ Military Service: Yes No Unknown

Defendant # 4

Name: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____ Military Service: Yes No Unknown