

State of Minnesota

District Court

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

AND

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Intervenor

### Affidavit of Service by Electronic Means (Ex Pro) (CSX100)

Minnesota General Rules of Practice: Rule 355.02, subd. 3; Rule 355.04, subd. 1; and Rule 14

- According to Rule 355.02, subd. 3, *unless personal service* is required, any document may be served by electronic means under Rule 14 upon any party **who has agreed to** or who is required to accept service by electronic means.
- Before you serve someone by electronic means, make sure of the following:
  - 1 . The documents you are serving do not need to be personally served; and
  - 2 . The person you are serving has agreed to or is required to accept service by electronic means.

My name is \_\_\_\_\_, and I am at least 18 years old. I served papers in this **expedited child support process case** as follows:

#### What Was Served

These are the papers I served:

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

#### Who, When (Date and Time), and Where Served

I served the papers on the following person:

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

On the following date and time:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m. /  p.m.

I was in the following location when I served the papers:

City: \_\_\_\_\_ State: \_\_\_\_\_

**How Served**

I served the papers using the following **electronic means**:

→ According to Rule 14.01(a)(7), “electronic means” means transmission using computers or similar means of transmitting of documents electronically, including facsimile transmission.

→ Check the methods of service you used below. For each method you checked, give the requested details.

Facsimile (fax) at the following fax number: \_\_\_\_\_

Email at the following email address: \_\_\_\_\_

Other: (explain) \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

County and state where signed:  
\_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_