See Instructions (FOR101) for help in filling out this form.

**State of Minnesota Conciliation Court**

County of: Court File Number:

Judicial District: Case Type: Conciliation – Forfeiture

Plaintiff

VS

Defendant (Vehicle)

**Affidavit of Service – Forfeiture Alcohol-Related Offense (Conciliation Court) (FOR103)**Minn. Stat. § 169A.63

## Person Who Served

My name is , and I am at least 18 years old. I served papers for this forfeiture case as follows:

## Who Was Served

**Prosecuting Authority:**

Name:

Street Address:

City/State/Zip:

## What Was Served

**Forms Served (check all that apply)**

[ ]  *Demand for Judicial Determination of Forfeiture (FOR102)*

[ ] Other:

**Additional Forms if Serving by Regular First-Class Mail**

[ ]  Notice of Lawsuit and Request for Waiver of Service of Summons (CIV022A)

[ ]  Waiver of Service (CIV022B) (2 copies)

[ ]  Self-addressed, stamped envelope for return of the Waiver of Service.

## How Papers Were Served

1. [ ]  **Certified Mail** – On (date), I sent a copy of the forms to the address noted above by certified mail, with enough postage, in the United States Mail in (city, state).
2. [ ]  **Personal Service** - I am not a party in this case and on (date), I delivered a copy of the forms to the address noted above.
3. [ ]  **Regular First-Class Mail** – On (date), I placed the envelopes addressed as noted above in the United States Mail in (city, state). There was enough postage on each envelope at the time of the mailing.

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 Server

Name:

County and state where signed: Address:

 City/State/Zip:

 Phone:

 Email: