

State of Minnesota

District Court
Probate Division

County _____

Judicial District: _____
Court File Number: _____
Case Type: Guardianship/Conservatorship

In Re: the Guardianship of _____

Affidavit of Service
(Annual Reporting - Guardianship)

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

<p>Person Subject to Guardianship:</p> <p>Name: _____</p> <p>Served at _____ (location): _____</p> <p>Date Of Service: _____</p>	<p>Forms Served (<i>check all that apply</i>):</p> <p><input type="checkbox"/> <i>Personal Well-Being Report</i></p> <p><input type="checkbox"/> <i>Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief</i></p> <p><input type="checkbox"/> <i>Bill of Rights</i></p> <p><input type="checkbox"/> Other:</p>
<p>How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> By Personal Service (hand-delivered)</p>	

<p>Person of Interest:</p> <p>Name: _____</p> <p>Served at _____ (location): _____</p> <p>Date Of Service: _____</p>	<p>Forms Served (<i>check all that apply</i>):</p> <p><input type="checkbox"/> <i>Personal Well-Being Report</i></p> <p><input type="checkbox"/> <i>Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief</i></p> <p><input type="checkbox"/> <i>Bill of Rights</i></p> <p><input type="checkbox"/> Other:</p>
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<p>Person of Interest:</p> <p>Name: _____</p> <p>Served at _____ (location): _____</p> <p>Date Of Service: _____</p>	<p>Forms Served (<i>check all that apply</i>):</p> <p><input type="checkbox"/> <i>Personal Well-Being Report</i></p> <p><input type="checkbox"/> <i>Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief</i></p> <p><input type="checkbox"/> <i>Bill of Rights</i></p> <p><input type="checkbox"/> Other:</p>
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<p>Person of Interest:</p> <p>Name: _____</p> <p>Served at _____ (location): _____</p> <p>Date Of Service: _____</p>	<p>Forms Served (<i>check all that apply</i>):</p> <p><input type="checkbox"/> <i>Personal Well-Being Report</i></p> <p><input type="checkbox"/> <i>Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief</i></p> <p><input type="checkbox"/> <i>Bill of Rights</i></p> <p><input type="checkbox"/> Other:</p>
<p>How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> By Personal Service (hand-delivered)</p>	

If you need more space, add another sheet of paper.

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

Dated

County and state where signed

Signature of Person Who Served the Forms

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____