|  |  |  |  |
| --- | --- | --- | --- |
| State of Minnesota |  |  | District Court |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Domestic Abuse |

In the Matter of:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Affidavit in Support of Request for Alternate Service or PublicationMinn. Stat. § 518B.01, subds. 5(f) and 8 |  |
| Petitioner |  |  |
|  |  |  |
| vs |  |  |
|  |  |  |
|  |  |  |
| Respondent |  |  |

I am the Petitioner in this case. I ask that the court authorize service of the *Petition for an Order for Protection*, any order that has issued under Chapter 518B, and any notice, by:

 🞎 first class mail at Respondent’s last known address

 **OR**

 🞎 publication

I state the following in support of my request:

1. 🞎 An attempt at personal service made by the sheriff or other law enforcement or corrections officer was unsuccessful because Respondent is avoiding service by concealment or otherwise, and a copy of the Petition and either the Order for Hearing or Request for Hearing form has been mailed to Respondent.

 **OR**

 🞎 An attempt at personal service made by the sheriff or other law enforcement or corrections officer was unsuccessful because Respondent is avoiding service by concealment or otherwise, and I do not know the Respondent's current address.

2. Personal service was attempted on the following date(s):

3. The last known location of Respondent is:

4. My most recent contact with Respondent was:

5. The last known location of Respondent's employment was:

6. The names and locations of Respondent's parents, siblings, children, and other close relatives are:

7. a. The names and locations of other persons likely to know Respondent's whereabouts are:

 b. I have made the following efforts to locate these persons:

8. The following circumstances show Respondent is avoiding service:

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

|  |  |  |
| --- | --- | --- |
| Dated |  | Signature |
|  |  | Name: |  |
|  |  | Address: | (If you have asked to keep your address and/or phone number confidential, do not include it here.) |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |