

State of Minnesota

Conciliation Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: _____

Plaintiff #1
Name
Address
City/State/Zip
VS.
Defendant #1
Name
Address
City/State/Zip

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Plaintiff #2
Name
Address
City/State/Zip
VS.
Defendant #2
Name
Address
City/State/Zip

Demand for Removal/Appeal From Conciliation Court to District Court and Affidavit of Good Faith

State of Minnesota)
)
County of _____)

To _____ the above named plaintiff defendant.

_____, being sworn/affirmed on oath states:
(Appellant or Attorney)

That the appealing party is aggrieved by the judgment in Conciliation Court and hereby demands the removal of the above case from Conciliation Court to the District Court for trial De Novo (new trial) by court jury.

AND

That this appeal is made in good faith and not for the purpose of delay.

(Sign only in front of notary public or court deputy.)

Dated: _____

Signature of Attorney or the Party if pro se
If appealing party is a corporation, the party's attorney must sign

Name of Attorney, or party if pro se:

Sworn/affirmed before me this
_____ day of _____.

Address: _____

City/State/Zip: _____

Telephone: _____

Notary Public \ Deputy Court Administrator

State of Minnesota

Conciliation Court

County _____

Judicial District: _____
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State of Minnesota)
)
County of _____)

Affidavit of Service

_____, being sworn/affirmed on oath, says I am at least eighteen (18) years of age and not a party to the above-entitled matter. On (date) _____

I served the attached Demand for Removal/Appeal From Conciliation Court to District Court and Affidavit upon _____ by:
(Name of opposing party served or opposing party's lawyer)

Check one:

(Service by First Class Mail) Placing in an envelope a true and correct copy of each document addressed to _____ at _____ in the City of _____, State of _____, Zip Code _____ and depositing the envelope, with sufficient postage, in the United States Mail at the Post Office located in the City of _____, in the State of _____.

(Personal Service) Personally by handing to and leaving with him/her a true and correct copy.

(Substituted Personal Service) At his/her usual abode at _____
(Street, City, State)

by handing to and leaving a true and correct copy with _____ a person of suitable age, (eighteen (18) years or older) and discretion who also resides at that address.

(Personal Service on a Corporation or a Partnership) Personally delivering true and correct copy to:

Agent authorized to receive service of Process:

(Name of agent served)

Officer, Managing Agent, or Member of the entity:

(Name and title of person served)

Sworn/affirmed before me this

_____ day of _____, _____.

Signature of person who served papers

(Sign only in front of notary public or court administrator.)

Notary Public \ Deputy Court Administrator