

State of Minnesota

District Court

County _____

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

Plaintiff

vs.

**Affidavit of Service on Limited
Removal from Conciliation Court**

Defendant

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

_____, being sworn/affirmed under oath, states:

1. I am over eighteen years of age and not a party in the above-entitled action.

Check and complete one of the following:

2. On the _____ day of _____, _____, I served the Demand For Limited Removal upon _____, (plaintiff/defendant or attorney for _____), by placing a true and correct copy of it in an envelope addressed as follows:

_____ which is the last known address of said party or attorney and depositing it, postage prepaid, in the United States mail.

3. I served a copy of the Demand for Limited Removal on _____, (title) _____, by delivering a copy personally to him/her at _____ at _____ am/pm, on _____.

4. After diligent search and inquiry, I was unable to locate _____ (name of party to be served), or any residence or business address for him/her at which service could be attempted.

Dated: _____

Signature of Server

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

Subscribed and sworn to before me this

_____ day of _____, _____.

Telephone _____

Notary Public \ Deputy Court Administrator