**State of Minnesota Conciliation Court**

**Gobolka Minnesota Maxkamadda Heshiisiinta**

County of: Court File Number:

Deegaanka: Lambarka Feylka Maxkamadda:

Judicial District: Case Type: Conciliation

Deegaanka Garsoorka: Nooca Kiiska: Heshiisiin

Plaintiff/Eedeeye

VS/VS

Defendant/Eedeysane

Check the box if there are more than two plaintiffs or more than two defendants. List the names and information for the other parties on the Additional Litigants Form (CCT702).

Calaamadi sanduuqa haddii ay jiraan wax ka badan laba eedeeye ama in ka badan laba eedaysane. Magacyada iyo macluumaadka dhinacyada kale ku dhex qor Foomka Eedeeyeyaasha Dheeraadka ah (CCT702).

# Conciliation Court Affidavit of Service (CCT103)

# Markhaatikicidda Gudbinta Waraaqaha ee Maxkamadda Heshiisiinta (CCT103);

My name is . I make the following statement about service:

Magacaygu waa . Waxaan qoray hadalka soo socda oo ku saabsan gudbintii waraaqaha:

1. **Service by Mail/Waraaqaha Boostada lagu diray**

I am over the age of 18. On , I served the following documents:

Waxaan ka weynahay 18 jir. Taariikh , waxaan gudbiyey waraaqaha soo socda:

Summons: Conciliation Court/Amarka Yeerista: Maxkamadda Heshiisiinta

Plaintiff’s Statement of Claim/Hadalka Dacwada Eedeeyaha

Motion to Vacate Judgment *and* Supporting Affidavit

Mooshinka Looga Noqonayo Xukunka *iyo* Markhaatikaca Taageeraya

Demand for Removal/Limited Removal

Codsi ah Ka-saarid/Ka-saarid Xadeysan

Other document (specify):

Waraaqo kale (qor):

by placing a true and correct copy of the document(s) in an envelope addressed as follows:

In baqshad sida hoose loogu gudbiyey koobbi run iyo sax ah waraaq(aha) qofka:

Name of party served:

Magaca qofka loo diray:

( I served this party’s attorney instead of the party)

( Waxaan waraaqaha u gudbiyey qareenka dhinaca kale intii aan qofkaas u diri lahaa)

Address: (the last known address) and **mailing the envelope in the United States mail by** (*check all that apply*):

Cinwaanka: (cinwaankii ugu dambeeyey ee lagu ogaa) iyo **in waraaqaha lagu diray boostada Mareykanka** (*calaamadi intii ku khuseysa oo dhan*):

**Regular first-class mail/Si Degdeg caadi ah.**

**Certified Mail, postage prepaid/Waraaq Gacan-ka-dhiib ah, faragaboolada la sii bixiyey.**

1. **Personal Service/In Caadi Loogu Geeyey**

I am over the age of 18. I am not a party in this case. I served the following documents:

Waxaan ka weynahay 18 jir. Qeyb kama ihi kiiskan. Waxaan gudbiyey waraaqaha soo socda:

Summons: Conciliation Court

Amarka Yeerista: Maxkamadda Heshiisiinta

Plaintiff’s Statement of Claim

Hadalka Dacwada Eedeeyaha

Motion to Vacate Judgment *and* Supporting Affidavit

Mooshinka Looga Noqonayo Xukunka *iyo* Markhaatikaca Taageeraya

Demand for Removal/Limited Removal

Codsi ah Ka-saarid/Ka-saarid Xadeysan

Other document (specify):

Waraaqo kale (qor):

by delivering a copy personally to the following:

In koobbiga si shakhsi ah loogu geeyey qofka:

Name of party served:

Magaca qofka loo diray:

( I delivered the documents to this party’s attorney instead of the party)

( Waxaan waraaqaha u geeyey qareenka dhinaca kale intii aan qofka u geyn lahaa)

Where served:

When served (date and time):

Meesha loogu gudbiyey:

Goorta loo gudbiyey (Taariikhda iyo wakhtiga):

1. **Service not completed (party not found)/Waraaqaha lama gudbin (dhinaca kale ayaa la waayey)**

After a careful search, I was not able to find the following party (or any residence or business address for this party):

Baaris taxaddar leh ka dib, ma awoodin inaan helo qofka hoose (ama guriga ama cinwaanka meheradda dhinaca kale):

I could not find a way to serve this party/Ma heli karin hab aan waraaqaha ugu gudbiyo dhinaca kale.

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

Waxaan sharciga ciqaabta dhaarta beenta ah ku caddeynayaa wax kasta oo aan ku sheegay waraaqdan in ay yihiin run iyo sax. Minn. Stat. § 358.116

Date/Taariikhda: Signature/Saxiixa:

Printed Name/Magca Far Waaweyn:

County and state where signed: Address/Cinwaanka:

Deegaanka iyo gobolka saxiixa City/State/Zip/Magaalada/Gobolka/Lambarka Boostada Deegaanka (Zip): lagu sameeyey:

Email/Boostada Intarnetka:

Phone/Taleefanka: