

THIS FORM MUST BE COMPLETED IN ENGLISH
FOOMKAN WAA KHASAB IN LAGU BUUXIYO AF INGIRIIS

State of Minnesota
Gobolka Minnesota

Conciliation Court
Maxkamadda Heshiisiinta

County of: _____ Deegaanka: _____	Court File Number: _____ Lambarka Feylka Maxkamadda: _____
Judicial District: _____ Deegaanka Garsoorka: _____	Case Type: Conciliation Nooca Kiiska: Heshiisiin

Plaintiff/Eedeeye

VS/VS

Defendant/Eedeysane

Conciliation Court Additional Litigants Form (CCT702)
Foomka Eedeeyayaasha Dheeraadka ah ee Maxkamadda Heshiisiinta (CCT702)

Plaintiff #3/Eedeeye #3

Name/Magaca: _____
Street Address/Cinwaanka Waraaqaha: _____
City/State/Zip/Magaalada/Gobolka/Lambarka Boostada Xaafadda (Zip): _____
Date of Birth/Taariikhda Dhalashada: _____

Plaintiff #4/Eedeeye #4

Name/Magaca: _____
Street Address/Cinwaanka Waraaqaha: _____
City/State/Zip/Magaalada/Gobolka/Lambarka Boostada Xaafadda (Zip): _____
Date of Birth/Taariikhda Dhalashada: _____

Defendant # 3/Eedeysane #3

Name/Magaca: _____
Street Address/Cinwaanka Waraaqaha: _____
City/State/Zip/Magaalada/Gobolka/Lambarka Boostada Xaafadda (Zip): _____
Date of Birth/Taariikhda Dhalashada: _____

Military Service/Ciidanka Xoogga: Yes/Haa No/Maya Unknown/Iamayaqaan

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Defendant # 4/Eedeysane #4

Name/Magaca: _____

Street Address/Cinwaanka Waraaqaha: _____

City/State/Zip/Magaalada/Gobolka/Lambarka Boostada Xaafadda (Zip): _____

Date of Birth/Taariikhda Dhalashada: _____

Military Service/Ciidanka Xoogga: Yes/Haa No/Maya Unknown/lamayaqaan