|  |  |  |
| --- | --- | --- |
| **State of Minnesota** |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Civil |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Affidavit in Support of Responsive Motion** |  |
| Plaintiff |  |  |
| vs. |  |  |
|  |  |  |
| Defendant |  |  |

My name is . The following facts support my responsive motion:

*Use another sheet of paper if you need more room.*

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

Dated:

County and State where signed

Signature

Name:

Address:

City/State/Zip:

Telephone:

E-mail address: