

State of Minnesota

Conciliation Court

County of: _____

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

Plaintiff #1

Name: _____
Address: _____

City/State/Zip _____

Plaintiff #2

Name: _____
Address: _____

City/State/Zip _____

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Defendant #1 VS.

Name: _____
Address: _____

City/State/Zip _____

Defendant #2 VS.

Name: _____
Address: _____

City/State/Zip _____

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

To _____ the above named

Plaintiff Defendant. _____, 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.

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

Date: _____

County and State where signed

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:

Address:

City/State/Zip:

Telephone:

E-mail address:

State of Minnesota

Conciliation Court

County of: _____

Judicial District: _____
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Affidavit of Service

_____, state the following:

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)

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

Date: _____

Signature of person who served papers

County and State where signed