STATE OF MINNESOTA | DISTRICT COURT

COUNTY OF_____ | TENTH JUDICIAL DISTRICT

_____, | **AFFIDAVIT OF**

Plaintiff, | _____

vs. | Court File No.: _____

_____,

Defendant.

STATE OF MINNESOTA)
) ss.
COUNTY OF_____)

My name is _____ and I state that:

1. I reside at _____

   _____

2. This Affidavit is made in support of _____

   _____

3. The following facts are true to the best of my knowledge, information and belief:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(attach additional paper if necessary)

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

DATE: _____

_____
Signature
Print Name:_____

Address _____

City/ State _____

Zip Code: _____

Telephone: (_____) _____