

State of Minnesota

County _____

Conciliation Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff (s)

vs.

Defendant(s)

**Affidavit and Order Vacating Order
For Judgment and Granting New Trial
Minn. R. Gen Pract. 520 (a)**

State of Minnesota)

)

County of _____)

_____ being duly sworn on oath, says that he/she is the plaintiff/defendant in the above entitled action, that the case was called on _____ for hearing and that he/she did not appear for the following reasons:

That plaintiff/defendant believes this is a just cause or defense and plaintiff/defendant requests the court to vacate the conciliation order and judgment entered on _____ and to grant a new trial pursuant to Conciliation Court Rule 520 (a).

Dated: _____

Signature (Sign only in front of notary public or court administrator.)

Name: _____

Sworn/affirmed before me this

Address: _____

_____ day of _____,

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: (_____) _____

State of Minnesota

County _____

Conciliation Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff,

vs.

ORDER

Defendant.

Based upon the foregoing affidavit, and upon payment of the sum of \$ _____ as

absolute

conditional costs _____

IT IS HEREBY ORDERED that said judgment be vacated and a new trial granted and that all parties be notified. This order becomes effective upon the payment of costs as ordered herein. If said fees are not paid by _____ (date), the original judgment stands as entered.

BY THE COURT:

Dated: _____

Judge

Notice of Trial

Certificate of Mailing

Costs having been paid as provided in the order dated _____ this matter is

rescheduled for trial on _____, at _____ at the
(date) (time)

(address of courthouse, city, state and zip code)

A copy of the Affidavit and Order Vacating Judgment and Granting New Trial and this Notice of

Trial was mailed to _____
(name and address of party)

and _____
(name and address of party)

the parties on this date.

Court Administrator's Office

Dated: _____

By: _____
Deputy