

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

WID: [WID]
DOI: [DOI]

OAH Case No. [CASE NO.]
Workers' Compensation Judge:
[ASSIGNED JUDGE]

[NAME],
Employee

AFFIDAVIT OF SERVICE

vs.

[NAME],
Employer(s)

and

[NAME],
Insurer(s)

I, [NAME], state that on [DATE], I served the following documents:

[DOCUMENTS]

by eService or United States Mail, with sufficient postage, as indicated below, upon:

[PARTIES SERVED]

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

Dated:

[NAME] Signature

Phone number:

Email address:

Mailing address: