

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Dissolution with Children

In the Matter of:

Petitioner's Name and Address

Vs.

Respondent's Name and Address

**Notice to
County Support and Collections**

Minn. Stat. §518.551, subd. 5

To: _____ PRISM No. (if known) _____
(Write your Support and Collections worker's name)

1. You are hereby notified that the Petitioner has commenced the above-entitled action against the Respondent and that this Notice is given as required by Minnesota Statute § 518.551.

☐ Petitioner ☐ Respondent is a recipient of or is applying for (*check all that apply*):

☐ MFIP ☐ Medical Assistance ☐ IV-E Foster Care ☐ Tribal TANF
☐ Child Care Assistance ☐ MinnesotaCare

2. Petitioner's birth date is: _____.

3. Respondent's birth date is: _____.

4. Petitioner's and Respondent's social security numbers are on the attached document: "Form 11: Confidential Information." (Note: Attach Form 11 only to copy delivered to Support and Collections. Do not attach Form 11 to copy filed in the Court file.)

Signature of Petitioner_____
Telephone Number

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

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Dissolution with Children

In the Matter of:_____
Petitioner

vs.

Respondent**Affidavit of Mailing or Delivery of
Notice to County Support and Collections**STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit signed)

I, _____, being sworn, state that on
(month, day, year) _____, I (check one) ☐ hand-
delivered OR ☐ mailed the Notice of my court action to Support and Collections by
(check one) ☐ delivering a copy to the receptionist of the Support and Collections office
located at: _____ OR
☐ by placing in an envelope a true and correct copy 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 _____.

Signature of Person Who Mailed or delivered Documents**(Sign only in presence of Notary Public)****Note: Petitioner may mail or deliver the Notice to Support
and Collections him/herself**Date: _____
Month Day Year

Address: _____

City & State: _____

Telephone: _____
(of person who mailed documents)Sworn/affirmed to before me this
_____ Day of _____, _____._____
Notary Public/Deputy Court Administrator