

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.

**Notice to
County Support and Collections**

Minn. Stat. §518.551, subd. 5

Respondent's Name and Address

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

District Court

County _____

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