

**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**

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Court File Number: \_\_\_\_\_  
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**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