

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: \_\_\_\_\_

In Re the Custody of:

\_\_\_\_\_

Born (mo/day/yr) \_\_\_\_\_

\_\_\_\_\_

Born (mo/day/yr) \_\_\_\_\_

\_\_\_\_\_

Petitioner

and

Respondent

**Summons to Establish  
Custody and Parenting Time**

TO THE ABOVE-NAMED RESPONDENT:

**THIS SUMMONS IS AN OFFICIAL DOCUMENT THAT AFFECTS YOUR RIGHTS. A copy of the paperwork regarding the lawsuit is served on you with this summons. Read this summons and attached petition carefully. If you do not understand it, contact an attorney for legal advice.**

1. The Petitioner has filed a lawsuit asking the court to decide custody and parenting time of the minor child(ren) listed above in the caption.

*Optional: (check only if requesting)*

Petitioner is requesting the court to establish child support

2. You must serve upon Petitioner and file with the court a written Answer to the Petition. If Petitioner is requesting child support, you must file a Financial Affidavit along with your Answer. You must pay the required filing fee. If you cannot afford to pay the filing fee, you may qualify to have the filing fee waived by the court. You must file an In Forma Pauperis application with the court and a judge will decide whether you must pay the fee. All court forms are available from the Court Administrator’s office and on the Court’s website at

[www.mncourts.gov/forms](http://www.mncourts.gov/forms). You must serve your Answer and Financial Affidavit upon Petitioner **within twenty (20) days** of the date you were served with this Summons, not counting the day of service. If you do not serve and file your Answer and Financial Affidavit, the court may grant Petitioner everything he or she is asking for in the attached Petition.

### **NOTICE OF PARENT EDUCATION PROGRAM REQUIREMENTS**

Parenting education may be required in all custody or parenting proceedings. You may contact court administration for additional information regarding this requirement and the availability of parent education programs.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_