

State of Minnesota

District Court

County _____

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

In the Matter of:

Petitioner's Name and Address

vs

Respondent's Name and Address

**Notice to County Support
and Collections**

Minn. Stat. § 518A.44

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 § 518A.44.

- Petitioner Respondent is a recipient of or is applying for (*check all that apply*):
- MFIP Medical Assistance / MinnesotaCare IV-E Foster Care
 - Child Care Assistance Tribal TANF

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 11.1: Confidential Information." (Note: Attach Form 11.1 only to copy delivered to Support and Collections. Do not attach Form 11.1 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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In the Matter of:

Petitioner
vs.

**Affidavit of Mailing or Delivery
of Notice to
County Support and Collections**

Respondent

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 _____.

Date _____

Signature of Person Who Mailed or delivered Documents

Address: _____

City, State, Zip Code _____

Sworn/affirmed to before me this _____ Day of _____, _____.

Notary Public/Deputy Court Administrator