

**State of Minnesota**

County \_\_\_\_\_

**District Court**

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

\_\_\_\_\_,  
Name of Petitioner *(first, middle, last)*

\_\_\_\_\_,  
Name of Co- Petitioner, if any *(first, middle, last)*

and

\_\_\_\_\_,  
Name of Respondent Parent A *(first, middle, last)*

\_\_\_\_\_,  
Name of Respondent Parent B *(first, middle, last)*

\_\_\_\_\_.  
Name of Respondent Guardian or Custodian *(first, middle, last)*

**PETITION FOR THIRD PARTY CUSTODY**

**Minn. Stat. Ch. 257C**

**Do not write outside of the lines provided. If you need more space, attach another full sheet of paper.**

**Part 1: Information about Parties and Children**

**1. Information about the Petitioner (you)**

\_\_\_\_\_  
First Middle Last  
\_\_\_\_\_  
Street Address Apartment or Unit Number  
\_\_\_\_\_  
City State Zip

Your other names (maiden, former married or other legal name, alias). If none, write "none":

\_\_\_\_\_  
Your relationship to the minor children: \_\_\_\_\_  
\_\_\_\_\_

**Co-Petitioner**

If you are the only petitioner, leave this Co-Petitioner section blank, and check here:

First	Middle	Last
Street Address	Apartment or Unit Number	
City	State	Zip

Co-Petitioner's other names (maiden, former married or other legal name, alias). If Co-Petitioner has not used a different name before, write "none." \_\_\_\_\_

Describe Co-Petitioner's relationship to you: (for example, married, sisters, parent and child)

Describe Co-Petitioner's relationship to the children: \_\_\_\_\_

## 2. Information about the Respondents

### a. Respondent Parent A

First	Middle	Last
Street Address	Apartment or Unit Number	
City	State	Zip

Parent A's other names (maiden, former married or other legal name, alias). If Parent A has not used a different name before, write "none." \_\_\_\_\_

Parent A's social security number is listed on Form 11.1 and on file with the court.

Parent A's social security number is unknown.

How is Respondent Parent A related to the children?

biological mother  biological father  adoptive parent

### b. Respondent Parent B

First	Middle	Last
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Street Address \_\_\_\_\_ Apartment or Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent B’s other names (maiden, former married or other legal name, alias). If none, write “none.” \_\_\_\_\_

Parent B’s social security number is listed on Form 11.1 and on file with the court.

Parent B’s social security number is unknown.

How is Respondent Parent B related to the children?

biological mother  biological father  adoptive parent

**c. Respondent (Legal Guardian or Custodian):**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment or Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Respondent Legal Guardian or Custodian’s other names (maiden, former married or other legal name, alias). If none, write “none.” \_\_\_\_\_

Describe the relationship between the Respondent Legal Guardian or Custodian and the children: \_\_\_\_\_

**3. Paternity – Check all that apply:**

**i. Court Order**

There is a court order in the State of \_\_\_\_\_ that says Parent \_\_\_\_\_ (A or B) is the father of the following children: \_\_\_\_\_

**ii. Minnesota Recognition of Parentage (ROP)**

The parents signed a Minnesota Recognition of Parentage (ROP) for the following children: \_\_\_\_\_

*and* each ROP was filed with the Minnesota Department of Health (this is usually done at the hospital or at a county office).

iii. **Voluntary Acknowledgment of Paternity or Parentage (VAP) in another state**

The VAP is like the Minnesota ROP, but for a different state.

The parents signed a VAP in a state other than Minnesota for the following children:

\_\_\_\_\_

*and* the VAP is filed in the following state: \_\_\_\_\_.

iv. **Other reasons Respondent Parent \_\_\_\_\_ (A or B) is presumed to be the father of the children**

Check all that apply:

The Respondent Parents were married when the following children were born:

\_\_\_\_\_

The following children were born within 280 days after Respondent Parents were divorced (or after the marriage of the Respondent Parents ended by death, annulment, declaration of invalidity, or after a decree of legal separation was entered by a court): \_\_\_\_\_

\_\_\_\_\_

Father receives the following children into his home, and openly holds them out as his biological children: \_\_\_\_\_

\_\_\_\_\_

Paternity genetic testing was done, and it shows that Respondent Parent \_\_\_\_\_ is likely to be the father of the following children: \_\_\_\_\_

\_\_\_\_\_

Petitioner believes that Respondent Parent \_\_\_\_\_ is the father of the following children: \_\_\_\_\_

\_\_\_\_\_

because: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**4. Active Duty Military Service**

None of the petitioners or respondents is an active duty member of the Armed Forces.

**OR**

\_\_\_\_\_ is an active-duty member of the Armed Forces.  
(Name of Party)

His or her Commanding Officer is:

Name/Rank	
Street Address	
City/State/Zip	

**5. Jurisdiction** – Are you asking for custody of the children as a **De Facto Custodian** or as an **Interested Third Party**? Choose **a** or **b**, but not both. If you are not sure which to choose, please look at the Instructions (CHC601) for guidance.

**a. De Facto Custodian**

Name of child	Child's age	Number of months (out of the last 24 months) you have been the children's primary caretaker

Note: the months in the third column do not have to be all in a row.

During the time the children lived with you, did either parent also live with you?

Yes     No

Has either parent been active in the children's lives on a regular basis while the children lived with you?  Yes     No

**b. Interested Third Party**

Check all that apply:

I do not qualify as a De Facto Custodian.

The parents have abandoned, neglected, or otherwise shown a disregard for the children's wellbeing AND the children would be harmed by living with either parent

because \_\_\_\_\_  
 \_\_\_\_\_

The children are in physical or emotional danger if they live with either parent because \_\_\_\_\_  
 \_\_\_\_\_

There are other grave and weighty reasons (very important reasons) that make it necessary for the children to live with you. Explain these reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Information about the Children**

**a. Children’s names and dates of birth:**

<b>Name of Child</b>	<b>Child’s Age</b>	<b>Child’s Date of Birth</b>
Example: Jane Kay Smith	3 years old	11/1/2013

**b. Are you aware of any other court cases involving the parties (such as child support, dissolution, paternity, juvenile or child protection)?**

YES       NO       UNKNOWN

**If YES, please list the following information (if you know it):**

<b>Type of Court Case</b>	<b>Court File Number and State where the court is located</b>	<b>County</b>	<b>Information about the Case</b>
Example: Child support	35-FA-10-####, Minnesota	Kittson	Parent B is supposed to pay child support to Parent A.

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**c. Who currently has custody of the children?**

To your knowledge, list who has legal and physical custody of each child. If you know there is a court order for custody, include that information under “Court File Number” and “Court Order Date” (if you know it).

<b>Child’s Name</b>	<b>Legal Custody</b>	<b>Physical Custody</b>	<b>Court File Number and State where the court is located</b>	<b>Court Order Date(s)</b>
Example: Jane Kay Smith	Joint to Mom and Dad	Sole to Father	35-FA-10-#### Minnesota	1/1/14

**d. How long have the children lived in Minnesota?**

List the length of time that each child has lived in Minnesota:

<b>Child’s Name</b>	<b>Number of Years or Months Child Has Lived in Minnesota</b>
Example: Jane Kay Smith	3 years – all her life.

**e. Have the children ever lived with the you (the Petitioner)?**  YES  NO

**If YES**, then write the child’s full name and the number of years or months the child has lived with you.

<b>Child’s Name</b>	<b>Number of Years or Months Child has Lived with you</b>
Example: Jane Kay Smith	2 years and 2 months


f. How and why did the children come to live with you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OR  the children do not live with me.

g. Does the child you want custody of have any brothers or sisters?  YES  NO

If YES, do all of the child's brothers and sisters live with you?  YES  NO

If NO, give the following information for each brother and sister that does not live with you:

Child's Name	Name of Person With Whom the Child is Living	That Person's Relationship to the Child
Example: John William Smith	Mary Smith	Aunt (mother's sister)

**7. Information about Respondent Parents' Involvement with the Children**

**a. Parent A**

Do you believe that the Parent A wants the children to live with you permanently?

YES  NO If NO, write what Parent A wants: \_\_\_\_\_

Parent A's parenting time until now:



How often and under what circumstances (where and how) has Parent A seen the children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**b. Has Parent A committed acts of domestic violence (physical or emotional abuse) or neglect against the children?**       YES       NO

Is there a Court Order that says that Parent A cannot have custody of the children (for example, an Order for Protection or Child Protection Order)?  YES       NO

**If YES, please give the following information:**

Date of Court Order	
Court File Number	
County and state where order was issued	
Name of person to whom the court order gave custody	
Were conditions set in the court order for custody to be returned to Parent A?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, did Parent A follow the conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (no conditions set)

**c. Parent B**

**Do you believe that the Parent B wants the children to live with you permanently?**

YES     NO      **If NO, write what Parent B wants:** \_\_\_\_\_  
 \_\_\_\_\_

**Parent B's parenting time until now:**

How often and under what circumstances (where and how) has Parent B seen the children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**d. Has Parent B committed acts of domestic violence (physical or emotional abuse) or neglect against the children?**       YES       NO

Is there a Court Order that says that Parent B cannot have custody of the child (for example, an Order for Protection or Child Protection Order)?  YES       NO

**If YES, please give the following information:**

Date of Court Order	
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Court File Number	
County and state where order was issued	
Name of person to whom the court order gave custody	
Were conditions set in the court order for custody to be returned to Parent B?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, did Parent B follow the conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (no conditions set)

**8. Information about other people who have provided care for the children**

**a. Has a Standby Custodian** (a person officially named by a parent to care for the child if something happens to that parent) **been named by either parent?**  YES  NO

If YES, who named the Standby Custodian: (check all that apply)

Parent A  Parent B **OR**  Guardian or Other Custodian

If YES, what is the Standby Custodian's name? \_\_\_\_\_

How is the Standby Custodian related to the children? \_\_\_\_\_

**b. Are there people other than Petitioner who have cared for the children in their home for an extended period of time without the parents' involvement?**

YES  NO

If YES, please give the following information:

Name	Relationship to Children	Amount of Time/When
Example: John Smith and Joyce Smith	Aunt and Uncle (mother's sister and husband)	3 months – June and July 2016 and September 2016

**9. Parenting Time for Parent A and Parent B**

**a. Parenting Time for Parent A**

It is in the best interests of the minor children that Parent A has the right of  
 unsupervised parenting time OR

supervised parenting time. Explain why Parent A's parenting time should be supervised: \_\_\_\_\_

\_\_\_\_\_

If supervised parenting time, how will the parenting time be supervised? Who will do the supervision, or will the parenting time be at a parenting time center? \_\_\_\_\_

Who will pay the costs for the center? \_\_\_\_\_

**OR**

It is in the best interests of the children that Parent A's parenting time rights be reserved. Explain why Parent A should not have any court-ordered parenting time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. Parenting Time for the Respondent Parent B**

It is in the best interests of the minor children that Parent B has the right of  
 unsupervised parenting time OR  
 supervised parenting time. Explain why Parent B's parenting time should be supervised: \_\_\_\_\_

\_\_\_\_\_

If supervised parenting time, how will the parenting time be supervised? Who will do the supervision, or will the parenting time be at a parenting time center? \_\_\_\_\_

Who will pay the costs for the center? \_\_\_\_\_

**OR**

It is in the best interests of the children that Parent B's parenting time rights be reserved. Explain why Parent B should not have any court-ordered parenting time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Best Interests of the Children** (if you need more space for your answers, please add more paper)

**a. What do the children want for custody, if the children are old enough to state their wishes?**

<b>Name of Child</b>	<b>Child's Preference</b>	<b>Child's Age</b>
Example: John James Smith	John wants to live with Petitioner	15 years old

**b. Who is the children's primary caretaker?** \_\_\_\_\_

**c. Briefly describe how close the children are to everyone involved:**

You (Petitioner): \_\_\_\_\_

\_\_\_\_\_

Co-Petitioner (if any): \_\_\_\_\_

\_\_\_\_\_

Parent A: \_\_\_\_\_

\_\_\_\_\_

Parent B: \_\_\_\_\_

\_\_\_\_\_

Legal Guardian or Other Custodian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**d. Briefly describe the relationships and interaction the children have with you, with the parents, with any brothers and sisters, or with any other person who has played an important role in the children's lives:** \_\_\_\_\_

\_\_\_\_\_

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**e. How well adjusted are the children to life at home, in school, and in the community?** Life at home: \_\_\_\_\_

\_\_\_\_\_

In school: \_\_\_\_\_

\_\_\_\_\_

In the community: \_\_\_\_\_

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**f. Do the children currently live in a stable, safe place?**  YES  NO

**If YES, answer the following questions:**

Where is this stable, safe place?	
How long have the children lived there?	
Is it best for the children to stay there?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain your answer:	

**g. Other than the children who are part of this custody request, who else lives with you in your home?** \_\_\_\_\_

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**Do you consider these people to be your permanent family unit? Explain briefly:**

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**h. Briefly describe the mental and physical health of everyone involved:**

You (Petitioner): \_\_\_\_\_

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Co-Petitioner (if any): \_\_\_\_\_

Parent A: \_\_\_\_\_

Parent B: \_\_\_\_\_

Children:

Child's Name	Describe Child's Mental Health	Describe Child's Physical Health

Legal Guardian or Other Custodian: \_\_\_\_\_

i. Explain how likely and able you are to give the children love, affection, and guidance and how you will do this. \_\_\_\_\_

j. What is the children's cultural background? \_\_\_\_\_

**Are any of the children members of, or eligible for membership in, an Indian tribe?**

YES – list the names of the children who are members of an Indian tribe, or who are eligible for membership: \_\_\_\_\_

NO, the children are not members of, or eligible for membership in, an Indian tribe

UNKNOWN

**If YES,** list the name of the Tribe: \_\_\_\_\_

**Is either parent a member of, or eligible for membership in, an Indian tribe?**

YES       NO       UNKNOWN

**IF YES** to either question, then you must give NOTICE to the Tribe of this action for third party custody.

**k. Explain how likely and able you are to continue educating and raising the children in their culture, religion, and creed?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**l. Has there been domestic abuse by any of the parties in this case against another party?** (The parties are the parents, the Guardian or Custodian, you, your Co-Petitioner, and the children.)

YES       NO

**If YES**, who has been involved in the domestic abuse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If YES, there has been domestic abuse** between the parties, explain what effect this abuse has had on the children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 11. Joint legal or physical custody

**Are you are asking for joint legal or joint physical custody of the children with another party?**     YES       NO

**If YES**, answer the following questions. **If NO**, skip to question 12.

**a. Can you cooperate with the other party in raising the children?**     YES       NO

Explain how you are able to cooperate *or* if you are not able to cooperate, why not:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**b. If you and the other party disagree on major decisions about the children's lives, how will you work out your differences and make a decision?** \_\_\_\_\_

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**How willing are you and the other party to use these methods to resolve disagreements?** \_\_\_\_\_

- c. Do you believe it would be negative or bad for the children if either you or the other party (who you are asking to share joint custody with) had sole authority over raising the children rather than joint authority with the other party?**  YES  NO

Explain your answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d. Has there been domestic abuse between you and the other party?**  YES  NO  
**If YES,** explain when the domestic abuse happened and how the situation got better:

\_\_\_\_\_  
\_\_\_\_\_

**Part 2: Income and Ability to Provide Child Support**

**12. Existing Child Support Order**

**Are you aware of a child support order that is already in place?**  YES  NO

**13. Petitioner and Co-Petitioner**

**a. Your gross income** (before taxes) is \$\_\_\_\_\_ per month from (check all that apply):

Wages of \$\_\_\_\_\_ from Employer: \_\_\_\_\_

SSI of \$\_\_\_\_\_ for (name of person) \_\_\_\_\_

RSDI of \$\_\_\_\_\_ per month

Other source (list the source and amount of income): \_\_\_\_\_

Other source (list the source and amount of income): \_\_\_\_\_



**b. Co-Petitioner's gross income**

Not applicable because there is no Co-Petitioner, **OR**

Co-Petitioner's gross income (before taxes) is \$\_\_\_\_\_ per month from (check all that apply):

Wages of \$\_\_\_\_\_ from Employer: \_\_\_\_\_

SSI of \$\_\_\_\_\_ for (name of person) \_\_\_\_\_

RSDI of \$\_\_\_\_\_ per month

Other source (list the source and amount of income): \_\_\_\_\_

Other source (list the source and amount of income): \_\_\_\_\_

**14. Respondent Parents**

**a. Does Parent A have the ability to pay support for the children?**

YES       NO       UNKNOWN

Parent A is employed as a \_\_\_\_\_ (type or title of job)

at \_\_\_\_\_ (name of employer). Parent A earns

\$\_\_\_\_\_ **gross** (before taxes) and \$\_\_\_\_\_ **net** (after taxes) per month.

**OR**  Parent A is currently unemployed.

**b. Does Parent B have the ability to pay support for the children?**

YES       NO       UNKNOWN

Parent B is employed as a \_\_\_\_\_ (type or title of job)

at \_\_\_\_\_ (name of employer). Parent B earns

\$\_\_\_\_\_ **gross** (before taxes) and \$\_\_\_\_\_ **net** (after taxes) per month.

**OR**  Parent B is currently unemployed.

**15. Public Assistance**

**a. Do you receive public assistance?**  YES       NO

**If YES**, the amount is \$\_\_\_\_\_ per month from \_\_\_\_\_ County.

Check all types of assistance you receive:

MFIP       Medical Assistance or MinnesotaCare       Child Care Assistance

IV-E Foster Care    Tribal TANF    General Assistance

Are the children included in the public assistance received?    YES    NO

**b. Does Co-Petitioner receive public assistance?**    YES    NO    N/A

**If YES**, the amount is \$\_\_\_\_\_ per month from \_\_\_\_\_ County.

Check all types of assistance received:

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

Are the children included in the public assistance received?    YES    NO

**c. Does Parent A receive public assistance?**    YES    NO    UNKNOWN

**If YES**, the amount is \$\_\_\_\_\_ per month from \_\_\_\_\_ County.

Check all types of assistance received (if you know):

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

Are the children included in the public assistance received?    YES    NO

**d. Does Parent B receive public assistance?**    YES    NO    UNKNOWN

**If YES**, the amount is \$\_\_\_\_\_ per month from \_\_\_\_\_ County.

Check all types of assistance received (if you know):

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

Are the children included in the public assistance received?    YES    NO

**e. Do the children receive public assistance?**    YES    NO    UNKNOWN

**If YES**, the amount is \$\_\_\_\_\_ per month from \_\_\_\_\_ County.

Check all types of assistance received (if you know):

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

If only some of the children receive public assistance, public assistance, write the names of those children that do receive public assistance: \_\_\_\_\_  
\_\_\_\_\_

### 16. Child Care Costs

Do you have child care costs (daycare or babysitting so that you can go to work or school)?

- YES    NO

If YES, list what it costs per month: \_\_\_\_\_

### Part 3: Your Requests

I ask the Court for an Order as follows:

#### 1. Granting legal and physical custody as follows:

- a.  **Sole legal** custody to me (Petitioner), **OR**  
 **Joint legal** custody to me and:  
 Parent A    Parent B    Both parents  
 Co-Petitioner    Legal Guardian or Other Custodian
- b.  **Sole physical** custody to me, **OR**  
 **Joint physical** custody to me and:  
 Parent A    Parent B    Both parents  
 Co-Petitioner    Legal Guardian or Other Custodian

If you checked “joint physical custody” and the other person is not your spouse, then you need a schedule stating who takes care of the children and when. Describe the schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Parenting Time for Respondent Parent A**

Granting Parent A (check one)  unsupervised  supervised parenting time with the children as follows (be specific):

- a. Weekends: \_\_\_\_\_  
\_\_\_\_\_
- b. Weeknights or after school (or, if not in school, then Monday through Friday): \_\_\_\_\_  
\_\_\_\_\_
- c. Holidays: \_\_\_\_\_  
\_\_\_\_\_
- d. Birthdays: \_\_\_\_\_  
\_\_\_\_\_
- e. School release days: \_\_\_\_\_  
\_\_\_\_\_
- f. Summer: \_\_\_\_\_  
\_\_\_\_\_
- g. Telephone contact with children (When can they talk on the phone with Parent A?): \_\_\_\_\_  
\_\_\_\_\_
- h. Transportation: \_\_\_\_\_  
\_\_\_\_\_
- i. Other: \_\_\_\_\_  
\_\_\_\_\_

**OR**

RESERVING Parent A’s parenting time rights.

**3. Parenting Time for Respondent Parent B**

Granting Parent B (check one)  unsupervised  supervised parenting time with the children as follows (be specific):

- a. Weekends: \_\_\_\_\_  
\_\_\_\_\_

- b. Weeknights or after school (or, if not in school, then Monday through Friday): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Holidays: \_\_\_\_\_  
 \_\_\_\_\_
- d. Birthdays: \_\_\_\_\_  
 \_\_\_\_\_
- e. School release days: \_\_\_\_\_  
 \_\_\_\_\_
- f. Summer: \_\_\_\_\_  
 \_\_\_\_\_
- g. Telephone contact with children (When can they talk on the phone with Parent B?): \_\_\_\_\_  
 \_\_\_\_\_
- h. Transportation: \_\_\_\_\_  
 \_\_\_\_\_
- i. Other: \_\_\_\_\_  
 \_\_\_\_\_

**OR**

RESERVING Parent B’s parenting time rights.

**4. Child Support**

There is an existing child support order in \_\_\_\_\_ County. I ask the court to order that the child support payments be redirected to me.

**OR**

Ordering that basic support, medical support, and child care support shall be set according to Minnesota Child Support Guidelines, and based on each parent’s income and ability to pay as follows:

**a. Basic Child Support**

Parent A’s Obligation: (check i or ii)

- i.  shall pay to Petitioner \$\_\_\_\_\_ per month for basic support of the children:  
 by income withholding according to Minn. Stat. § 518A.53

OR

by sending the money directly to the Petitioner.

ii.  Parent A's child support obligation shall be reserved until further court order.

Parent B's Obligation: (check i. or ii.)

i.  shall pay to Petitioner \$\_\_\_\_\_ per month for basic support of the children:

by income withholding according to Minn. Stat. § 518A53

OR

by sending the money directly to the Petitioner.

ii.  Parent B's child support obligation shall be reserved until further court order.

**b. Medical Support:** (Check all that apply)

**Insurance:**

I agree to provide medical insurance for the children.

Respondent Parent A shall provide medical insurance for the minor children.

Respondent Parent B shall provide medical insurance for the minor children.

**Payment towards insurance:**

Should Parent A pay anything towards insurance?  YES  NO

**If YES**, who should Parent A pay?  Me  Parent B

How much should Parent A pay, per month, for medical support for the minor children? \_\_\_\_\_

Should Parent B pay anything towards insurance?  YES  NO

**If YES**, who should Parent B pay?  Me  Parent A

How much should Parent B pay, per month, for medical support for the minor children? \_\_\_\_\_

**Reserve Medical Support:**

The issue of Parent A's payment towards medical support shall be reserved.

The issue of Parent B's payment towards medical support shall be reserved.

**Unreimbursed Medical Expenses:** (Check all that apply)

- I agree to pay \_\_\_\_% of unreimbursed medical expenses for the children.
- Parent A shall pay \_\_\_\_% of unreimbursed medical expenses for the children.
- Parent B shall pay \_\_\_\_% of unreimbursed medical expenses for the children.
- The issue of Parent A's payment towards unreimbursed medical expenses shall be reserved.
- The issue of Parent B's payment towards unreimbursed medical expenses shall be reserved.

**c. Child Care (Daycare) Support:** (Check all that apply)

**Amount each party will pay** (list a specific amount; do not use %):

- The Petitioner shall pay \$\_\_\_\_\_ of work or education-related child care expenses for the children.
- Parent A shall pay \$\_\_\_\_\_ of work or education-related child care expenses for the children.
- Parent B shall pay \$\_\_\_\_\_ of work or education-related child care expenses for the children.

**Reserve Child Care Support:**

- The issue of Parent A's contribution toward child care expenses shall be reserved.
- The issue of Parent B's contribution toward child care expenses shall be reserved.

**5. Granting such other relief as the Court deems just and equitable.**

**VERIFICATION AND ACKNOWLEDGMENTS**

- a. I have read this document. To the best of my knowledge, information and belief, the information contained in this document is based on true facts, competent evidence, and is warranted by existing law.

- b. I have not been determined by any court in Minnesota nor in any other State to be a frivolous litigant and I am not the subject of an Order prohibiting me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless cost of litigation or to commit a fraud on the court.
- d. I understand that if I am not telling the truth or if I am misleading the court or if I am serving or filing this document for an improper purpose, the court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving and filing this document, court costs, and reasonable attorney fees.

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

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

Petitioner's Name: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

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

\_\_\_\_\_  
 Co-Petitioner's Signature

Co-Petitioner's Name: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_