|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State of Minnesota** |  | **District Court** | | |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: |  |

In the Matter of:

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

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

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

Petitioner’s Name and Address **Notice to Public Authority**

Minn. Stat. § 518A.44

and

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

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

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

Respondent’s Name and Address

To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IV-D Case Number:

(Write your case worker’s name, if known) (Write your case number, if known)

1. You are hereby notified that the Petitioner has started 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. The assistance is received, or applied for, through County.

3. Petitioner’s birth date is: .

4. Respondent’s birth date is: .

5. 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 the copy delivered to the Public Authority. Do not attach Form 11.1 to the copy filed in the court file.)

Signature of Petitioner

( )

Telephone Number

E-mail address