

**State of Minnesota**

**District Court**

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

In the Matter of:

\_\_\_\_\_

\_\_\_\_\_  
Petitioner (first, middle, last)

and

\_\_\_\_\_  
Respondent (first, middle, last)

**Request for Hearing on the  
Reasonableness of Attorney Fees and  
Costs or to Contest the Child Support  
Judgment**

You are hereby notified pursuant to Minn. Stat. §518A.735, that

\_\_\_\_\_, obligor, respectfully:

1. Requests a hearing to contest the recovery of attorney fees and collection costs on the grounds that they are not reasonable;
2. Requests a hearing to contest the validity of the child support judgment (grounds limited to mistake of fact);

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

\_\_\_\_\_  
Signature

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

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

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

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

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