

**State of Minnesota**

**District Court**

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

In Re the Marriage of:

\_\_\_\_\_

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

and

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

\_\_\_\_\_  
Intervenor

**Notice of Order to a  
Payor of Funds**

**TO:** \_\_\_\_\_, A PAYOR OF FUNDS:

You are hereby notified pursuant to Minn. Stat. §518A.57, that according to the terms and conditions of the order dated \_\_\_\_\_, and issued by the District Court, \_\_\_\_\_ Judicial District, County of \_\_\_\_\_, in file number \_\_\_\_\_, the above named obligor \_\_\_\_\_ is to provide

child support    health care coverage    spousal maintenance for the obligee,

\_\_\_\_\_ and/or minor children of the parties namely:

_____	Born	_____
_____	Born	_____
_____	Born	_____

The relevant provisions of the order are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. §358.116.

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

\_\_\_\_\_  
County and State where signed

\_\_\_\_\_  
Signature

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

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

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

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

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