

# FAMILY COURT MATTER

Ramsey County

## SUMMONS AND COMPLAINT TO ESTABLISH PATERNITY AND CUSTODY

Use these forms to establish the father's paternity of a child if:

(i) you and the other parent of your child(ren) were not married to each other at the time the child(ren) was born (or conceived) AND

(ii) you and the other parent did not sign a Recognition of Parentage or other paternity statement at or after the time the child(ren) was born.

### Forms included in this packet:

- \* *Summons*
- \* *Complaint to Establish Paternity and Custody*
- \* *Financial Affidavit and Instructions*
- \* *Affidavit of Personal Service*
- \* *Admission of Personal Service*
- \* *Confidential Information Form 11.1*

***Read these instructions BEFORE filling out these forms!***

1. Fill out all the forms but DO NOT SIGN.
2. If you are representing yourself, your completed forms must be reviewed before your forms can be accepted for filing with the Court or given a hearing date.
3. Review of these forms is done at the Ramsey County Family Court Self-Help Center, 25 W. 7<sup>th</sup> St., St. Paul, MN 55102. (651) 266-5125
4. The Ramsey County Self Help Service Center is open to walk -ins Monday through Thursday from 8:00 a.m. to 10:00 a.m. (first-come/first-serve) or by appointment, and closed on Fridays.

**IMPORTANT: Use these forms only if:**

1. There is no Court Order deciding custody and visitation or parenting rights, **and**
  2. You are the child(ren)'s parent; **and**
  3. The child(ren) or the other parent lives in Ramsey County; **and**
  4. At the time of the child(ren)'s birth, you and the other parent were not married to each other and have never been married to each other.
- **STOP:** If you and the other parent signed a Minnesota Recognition of Parentage form for the child(ren) or a Declaration of Parentage form if the child was born prior to August 1, 1995, do not use this form. If the child was born outside the state of Minnesota, you must verify that you and the other parent did not sign a similar paternity statement form in that state. You may do so by contacting that state's Department of Health. Contact information for each state's Department of Health is available at:  
<http://www.cdc.gov/mmwr/international/relres.html>. If you and the other parent signed the Minnesota Recognition, Declaration of Parentage or a paternity acknowledgment from another state, instead use the form "*Summons and Petition to Establish Custody and Parenting Time*". **It is strongly recommended that you verify this information prior to initiating a paternity action; in the event that you did sign one of the above documents, and the case must therefore be converted to a custody action, you may be responsible for a separate filing fee.**
  - **STOP:** You cannot use these forms if you already have an existing paternity case in Ramsey County or you already have a Court order establishing paternity or custody from another Court in any other county or state.

## Summary of Steps

### What to Expect

**NOTE:** The following information is a brief explanation of what to expect. More detailed instructions on completing these forms start on the next page. Thorough step-by-step procedures on what you must do to finish your court process and file your court papers will be provided to you when you meet with the Ramsey County Self Help Service Center to review your completed forms.

1. After your forms have been reviewed by the Ramsey County Self Help Service Center staff, you will sign all your forms in front of a notary or Deputy Court Clerk.

2. You must make arrangements to have someone over 18 years of age or the Sheriff's office hand-deliver the other party's copy to him/her. This is called personal service. You may also need to serve the county a copy of your papers if you, the other party or the child(ren) receive public assistance. Please note, you will not be able to file your court papers or get a hearing date until all parties have been served a copy of your court documents and you have proof of service that service was completed.

3. After the other party has been served his/her copy, you can open your case by filing your original papers along with the proof of service document. **The Court filing fee to open your case is \$327.00.** You must pay this fee at the time you file your papers. If you receive public assistance or are low-income, you can ask the Ramsey County Self Help Service Center staff for an *In Forma Pauperis* (fee waiver) application form. You will need to fill out the form and sign it in front of a Notary Public or Court Clerk. To have your request considered, you must provide the Court with income verification. Please note, despite the language of the form, **all** sections of the form for an *In Forma Pauperis* (fee waiver) need to be filled out in their entirety in Ramsey County.

4. After you have filed your documents with the court, you will receive a *Notice of Judicial Officer Assignment and Notice of Case Filing* in the mail. This notice will tell you the name of the judge or referee that will hear your case. This notice will also have your case number on it. You may also receive a *Notice of Initial Case Management Conference*. The Notice will have the date and time for you to meet with your judge or referee for your "Initial Case Management Conference." If you are scheduled for a case management conference, you must attend.

## **INSTRUCTIONS**

### **Step 1**

**Fill Out the *Summons and Complaint to Establish Paternity and Child Custody and Financial Affidavit***

Fill out the *Summons* form included in this packet. This form tells the other party that you have filed a lawsuit against him/her to determine the paternity of a minor child and that he/she has 20 days to respond to your Complaint.

At the top of the form:

- On the line above “Name of Petitioner,” print your full name: *first, middle, last*. From now on, you will always be the Petitioner in this case. Print your name on all the lines requiring the Petitioner’s name throughout this form.
- On the “Name of Respondent” line, print the other party’s full name: *first, middle, last*. Print the other party’s name on all lines requiring the Respondent’s name throughout this form.
- Print the child(ren)’s full name and birth date on the lines provided in the next paragraph.

The *Complaint* is divided into two parts. The first part gives the Court information about you, the other party, your child(ren), the parties’ relationship, the parties’ incomes, and whether you want genetic blood testing to be done. The second part tells the Court and the other party what you are asking for from the Court.

- At the top of the page, fill out the caption or case title with the parties’ names exactly as you did on the *Summons*.
- Answer all the questions that apply to you throughout this form. If a question does not apply, write “N/A” next to it.

**Important:** Some sections have several boxes for you to check. You must check only the boxes that apply to you under these sections.

- In telling the Court and the other party what you are asking from the Court, you will be asked to identify your wishes as to legal and physical custody. You must check the appropriate box for both **Legal Custody** and **Physical Custody** based on what you are asking for from the Court. The information below will help you answer this question:
  - **Legal Custody** identifies which parent(s) have the right to make decisions regarding the upbringing of the child(ren), including education, health care, and religious training. Legal Custody can either be sole or joint. Sole Legal Custody means that only one parent has a right to make decisions regarding the upbringing of the child(ren), and Joint Legal Custody means both parents share in the decision-making.

- **Physical Custody** identifies which person(s) will handle the routine daily care and control of the child(ren). Generally, the child(ren) lives with the parent who has physical custody. Physical custody can either be sole or joint.
- Read the Verification and Acknowledgement that follow carefully. When you sign your name to these provisions you are telling the Court that you are telling the truth concerning the matters in the complaint form and that your requests are made in good faith. If you are not telling the truth or are misleading the Court or are serving or filing this document for an improper purpose, the Court can order you to pay money to the other party or impose other sanctions upon you.
- Fill out the form called "Financial Affidavit." This form asks you for your income information. A separate instruction sheet is attached to instruct you on how to complete this form.

**DO NOT DATE AND SIGN YOUR FORMS UNTIL YOU MEET WITH RAMSEY COUNTY SELF HELP SERVICE CENTER STAFF BECAUSE YOUR SIGNATURE MUST BE NOTARIZED. MAKE SURE YOU BRING PICTURE IDENTIFICATION TO YOUR APPOINTMENT.**

## **Step 2**

**Bring your papers to the Ramsey County Self Help Service Center to be reviewed.**

- Our staff will review your documents for neatness, readability, completeness, and consistency. We may also make suggestions as to how to clarify the forms. Because we give you and others individual attention, you may need to wait for assistance. Please plan to spend 1 to 2 hours at the Ramsey County Self-Help Service Center and do not expect to take care of your business in one visit.
- You will sign your Summons and Complaint after someone from the Ramsey County Self Help Service Center has reviewed them. Your signature will be notarized. Bring a picture ID with you.

## Step 3

### Serve the Other Party Then File All the Originals with the Court

The Ramsey County Self Help Service Center Staff will explain how you start the lawsuit by serving the other party. Be certain to bring the address for the other party with your documents.

After the other party has been served, you will file your original documents in person at the Family Court Filing office located in room 160 of the Ramsey County Courthouse, 15 West Kellogg Blvd., St. Paul, MN 55102.

There is a filing fee of \$327.00. If you are receiving public assistance or are low-income and you cannot afford to pay the filing fee, you can ask the Ramsey County Self Help Center clerk for an *In Forma Pauperis* (fee waiver) application form. You will need to fill out the form and sign it in front of a Notary Public or Court Clerk. To have your request considered, you must provide the Court with income verification and you must complete the **entire** application, even if you are directed to skip certain sections in the instructions on the form itself. This form must be reviewed by the Ramsey County Self Help Service Center at the same you time you bring in your pleadings for paternity and submitted for judicial review **PRIOR** to filing your original documents.

## Step 4

### Notice from the Court

If you haven't already received a notice from the court, you will receive a *Notice of Judicial Officer Assignment and Notice of Case Filing* in the mail. This notice will tell you the name of the judge or referee that will hear your case. This notice will also have your case number on it. You may also receive a *Notice of Initial Case Management Conference*. The Notice will have the date and time for you to meet with your judge or referee for your "Initial Case Management Conference." If you are scheduled for a case management conference, you must attend.

**State of Minnesota**

Ramsey County

**District Court**

Judicial District: Second

Court File Number: \_\_\_\_\_

Case Type: Paternity

**In Re the Matter of:**

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

**SUMMONS**

and

\_\_\_\_\_  
Name of Respondent *(first, middle, last) and date of birth*

TO THE ABOVE-NAMED RESPONDENT:

**IMPORTANT NOTICE:**

**The Petitioner has filed a lawsuit against you to have the Court determine the paternity of the following minor child(ren):**

\_\_\_\_\_, BORN \_\_\_\_\_  
**Child's full name** **Date of birth**

\_\_\_\_\_, BORN \_\_\_\_\_  
**Child's full name** **Date of birth**

**A COPY OF THE COMPLAINT TO ESTABLISH PATERNITY AND CUSTODY IS SERVED ON YOU WITH THIS SUMMONS.**

THIS SUMMONS IS AN OFFICIAL DOCUMENT THAT AFFECTS YOUR RIGHTS. READ THIS SUMMONS AND ATTACHED COMPLAINT CAREFULLY. IF YOU DO NOT UNDERSTAND IT, CONTACT AN ATTORNEY FOR LEGAL ADVICE.

1. The Petitioner has filed a lawsuit against you asking the Court to adjudicate the legal father of a minor child(ren).
2. You must serve upon Petitioner and file with the Court a written Answer to the Complaint, and you must pay the required Court filing fee. If you do not serve and file

an Answer, the Court may adjudicate paternity and give the Petitioner everything he or she is asking for in the attached Complaint.

3. If you do not have a lawyer, you can get the Answer to the Complaint at the Ramsey County Family Court Self Help Service Center, 25 W. 7<sup>th</sup> St., St. Paul, Minnesota 55102.
4. You must serve your Answer upon the Petitioner **within twenty (20) days** of the date you were served with this Summons, not counting the day of service.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

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

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

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

**State of Minnesota**

Ramsey County

**District Court**

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

**In Re the Matter of:**

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

and

\_\_\_\_\_  
Name of Respondent *(first, middle, last) and date of birth*

**COMPLAINT TO ESTABLISH  
PATERNITY AND CUSTODY  
(Minn. Stat. § 257.51 et seq.)**

Petitioner states and alleges that all of the following statements are true:

**1.**

**Information about the Petitioner**

a. The full name of the Petitioner is \_\_\_\_\_.

Petitioner is \_\_\_\_\_ years of age.

b. Petitioner lives at the following address:

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

c. Petitioner's former or other names are:

\_\_\_\_\_.

d. Petitioner is a member of the Armed Forces.  YES  NO

2.

**Information about the Respondent**

a. The full name of the Respondent is \_\_\_\_\_.

Respondent is \_\_\_\_\_ years of age.

b. Respondent lives at the following address:

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

c. Respondent's former or other names are:  
\_\_\_\_\_.

d. Respondent is a member of the Armed Forces.  YES  NO

3.

**Information about the Child**

a. Petitioner and Respondent are the parents of the following minor child(ren):

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
*month/day/year*

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
*Month/day/year*

b. The child(ren) lives at the following address:

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

The child(ren) currently lives with (*check a box*)  Mother  Father or

Other \_\_\_\_\_, who is the child's \_\_\_\_\_  
(*Print full name of the person*) (*Relationship*)

c. The child(ren)'s birth certificate (*check a box*)  does  does not list the father's name.

Father's name on the birth certificate is \_\_\_\_\_.

d.  Petitioner and Respondent did NOT sign a Minnesota Recognition of Parentage, a Declaration of Parentage (if the minor child was born prior to August 1, 1995) or a similar paternity statement from a state other than Minnesota.

- IF THIS BOX IS NOT CHECKED, STOP- YOU ARE USING THE WRONG FORM. YOU MUST COMPLETE A SUMMONS AND PETITION TO ESTABLISH CUSTODY AND PARENTING TIME.

#### 4.

#### Information about the Parties' Relationship

**Check all the boxes that apply to you and fill in the information:**

The Petitioner and Respondent are not married to each other and were not married to each other when the child(ren) was conceived or when the child(ren) was born.

Petitioner and Respondent lived together from \_\_\_\_\_ (date) until \_\_\_\_\_ (date) in the County of \_\_\_\_\_, State of \_\_\_\_\_.

Petitioner and Respondent did NOT live together.

Petitioner and Respondent had sexual intercourse together during the month(s) of \_\_\_\_\_, in the year \_\_\_\_\_, and as a result, the following child(ren) was born:

Name of Child: \_\_\_\_\_, born in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, Country of \_\_\_\_\_.

Name of Child: \_\_\_\_\_, born in the City of \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, Country of \_\_\_\_\_.

**5.**

**Genetic Testing**

The Petitioner: *(check only one box)*  DOES  DOES NOT request that the Court order paternity blood or genetic tests to determine whether *(circle one)* Petitioner / Respondent is the biological father of the child(ren).

**6.**

**Information about Petitioner's Employment, Income and Expenses**

**Check all the boxes that apply to you and fill in the information:**

- a.  The Petitioner is employed at \_\_\_\_\_, earning a gross income of \$ \_\_\_\_\_ per month.
- b.  The Petitioner is unemployed.
- c.  The Petitioner is receiving public assistance from \_\_\_\_\_ County.
- d. Petitioner has monthly expenses in the amount of \$ \_\_\_\_\_, including expenses for the following people: \_\_\_\_\_  
\_\_\_\_\_.

e. Petitioner has the following minor children from another relationship: *(either check the box or print the name and date of birth of other children, if any)*

None

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

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

**7.**

**Information about Respondent's Employment, Income and Expenses**

**Check all the boxes that apply to you and fill in the information:**

- a.  The Respondent is employed at \_\_\_\_\_, earning a gross income of \$ \_\_\_\_\_ per month.
- b.  The Respondent is unemployed.
- c.  The Respondent is receiving public assistance from \_\_\_\_\_ County.
- d. Respondent has monthly expenses in the amount of \$ \_\_\_\_\_, including expenses for the following people: \_\_\_\_\_  
\_\_\_\_\_.
- e. Respondent has the following minor children from another relationship: *(either check the box or print the name and date of birth of other children, if any)*

None

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

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

**8.**

**Statutory Authority**

Petitioner brings this action pursuant to Section 257.57, Subd. 3, and Section 257.541, Subd. 2, Minnesota Statutes to declare and adjudicate the existence of a father-child relationship, and to establish the appropriate orders for child support, custody and parenting time.

**WHEREFORE, PETITIONER PRAYS FOR RELIEF AND ASKS THE COURT TO:**

- 1. Determine the paternity of the child(ren) named in this Complaint.
- 2. Order blood or genetic testing, if requested.

3. Grant legal custody as follows:

**Check either Joint Legal Custody or Sole Legal custody; do not check both.**

Joint Legal Custody to both parents **OR**

Sole Legal Custody to the  Petitioner  Respondent

4. Grant physical custody and parenting time as follows:

**Check either Joint Physical Custody or Sole Physical Custody; do not check both.**

Joint Physical Custody to both parents according to the following schedule: (explain when the child is with each

parent) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

Sole Physical Custody to the  Petitioner  Respondent and parenting time to the other party as follows:

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

The parenting time with  Petitioner  Respondent should be:  supervised  unsupervised. If parenting time is to be supervised, explain why supervision is requested, state who should supervise parenting time, and if there is a cost involved, who should pay the cost: \_\_\_\_\_

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

5. Order child support according to the Child Support Guidelines, or as follows:

\_\_\_\_\_.

6. Grant such other relief as the Court deems just and equitable.

Dated: \_\_\_\_\_  
Petitioner's signature (sign only in the presence of a notary public or deputy court clerk)

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

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Subscribed and sworn before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Court Clerk

**SIGN AND DATE THE VERIFICATION AND ACKNOWLEDGEMENTS ON THE NEXT PAGE ONLY IN FRONT OF A NOTARY PUBLIC OR DEPUTY COURT CLERK.**

**VERIFICATION AND ACKNOWLEDGEMENTS**

STATE OF MINNESOTA    )  
  ) ss.  
COUNTY OF \_\_\_\_\_)

I have read this whole document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law. I have not been determined by any Court in Minnesota, or in any other state, to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document. 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 increase in the cost of litigation or to commit a fraud on the court. 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 because of the serving or filing of this document, Court costs, and reasonable attorney's fees.

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

\_\_\_\_\_  
Petitioner's signature **(sign only in the presence of a  
notary public or deputy court clerk)**

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

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Subscribed and sworn before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public or Deputy Court Clerk

**Instructions for Financial Affidavit**  
**Minn. Stat. § 518A.28**

Helpful materials may be found at your public county law library. For a directory, see <http://www.lawlibrary.state.mn.us/cllppubdir.rtf> . For more information, contact your court administrator or call the Minnesota State Law Library at 651-296-2775.

**Purpose of the Financial Affidavit**

In all cases where the court will decide or modify child support, the parents must serve and file a Financial Affidavit to disclose all sources of income for determining child support for the joint child or children of the parents.

A joint child means the dependent child of both parents in the child support proceeding. Information listed in the Financial Affidavit will provide the court with information needed to calculate child support.

**Serving and Filing the Financial Affidavit**

The Financial Affidavit must be served on the other party, and the public authority if the public authority is providing child support enforcement services, and filed with the court when initial pleadings or motions are submitted by a party. You must include proof of your income, such as pay stubs and income tax returns.

**Keeping your financial information confidential**

Any financial documents you file with the court will be part of your court file and available to anyone who may look at the file, UNLESS you attach Form 11.2, Sealed Financial Source Documents form, to your financial documents. If you file Form 11.2 with your financial documents, court staff will then keep your financial documents confidential from the public. The other party and the judge will still have access to your financial information. Form 11.2 is available at [www.mncourts.gov](http://www.mncourts.gov) under the form category of “confidential information” (form number CON112) or can be picked up at court administration.

**Complete the Financial Affidavit Form**

**Item #1:** Fill in the number of joint children who are the subject of this court action.

**Item #2:** Fill in all amounts of your monthly income. Use income amounts before any deductions. Income includes any form of periodic (regular) payment, including but not limited to the following:

- Salary and Wages – include gross income from all jobs. Weekly income should be multiplied by 4.33.
- Self-employment – include income from self-employment or operation of a business
- Unemployment Benefits
- Commissions – if received less often than monthly, average the amounts
- Spousal Maintenance – include payments you receive under a previous order or the current proceeding
- Military or Naval Retirement

- Social Security – includes social security disability, retirement, and survivors’ benefits. Do not include supplemental security income (SSI)
- Child’s Derivative Social Security or Veterans Benefits – if a joint child receives Social Security or Veterans’ Benefits based on your eligibility, include the amount of the child’s monthly benefit on the Financial Affidavit, even if the benefit is paid to the other parent.
- Workers’ Compensation
- Pension Payments, Annuity Payments, and Disability Payments. Do not include supplemental security income (SSI).

**Complete Items #3 through #9**

- Nonjoint Children – a child who 1) lives in your home more than half of the time, 2) you are the legal parent of, AND 3) you DO NOT have a court ordered child support obligation for the child. DO NOT include stepchildren.
- Spousal Maintenance – enter any court ordered amount that you pay to the other parent or a former spouse.
- Child Support – enter all court ordered amounts that you pay for nonjoint children not living with you. These amounts include basic support, child care support, and medical support. DO NOT include any monthly amounts you pay for arrearages.
- Health care coverage – this is medical and dental insurance coverage you have either in place or available for the joint child.
- Child care – enter the actual monthly child care costs paid for the joint child
- Parenting time – check “yes” if there is a court order awarding a parent with parenting time

**Date and sign the Financial Affidavit** when you are in front of a notary public or the court clerk. Make sure to bring picture identification to show the notary public or court clerk. A notary public can usually be found at a bank and sometimes at a courthouse.

**If the Financial Affidavit for Child Support is not served and filed**

- The court will determine a parent’s income based on credible evidence, which may include documentation of current or recent income, testimony of the other parent concerning recent earnings and income levels, or wage reports filed with the Department of Employment and Economic Development. The court may determine potential income for a parent if a parent is voluntarily unemployed or underemployed, employed less than a full-time, or when there is no evidence of any income.
- If the court decides that a parent did not have access to documents to complete the financial affidavit, the court may consider testimony by that parent as credible evidence of income.

**State of Minnesota**

Ramsey County

**District Court**

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

\_\_\_\_\_  
Petitioner

and

**Financial Affidavit  
For Child Support**

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Intervenor

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit Signed)

My name is \_\_\_\_\_. I am the  
(*check one*)  Petitioner  Respondent in this case, and I state under  
oath the following information:

1. I am the parent of \_\_\_\_\_ joint child(ren) who are the subject of this court action.  
(enter number of joint children)
2. My sources of income are:

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)	\$	Social Security Received (social security disability, retirement, survivors' benefit)	\$
Self-Employment	\$	Child's Derivative Social Security or Veteran's Benefits	\$
Unemployment Benefits	\$	Workers' Compensation	\$
Commissions	\$	Pension, Annuity Payments, Disability Payments	\$
Spousal Maintenance Received	\$	Other source of income (list source below)	\$
Military and Naval Retirement	\$		
<b>Total monthly income received:</b>			\$

3. Proof of my income is attached to Form 11.2 and supports this Financial Affidavit.
4. Number of nonjoint children who live in my home: \_\_\_\_\_
5. Spousal Maintenance I am court ordered to pay: \$\_\_\_\_\_ per month  
A copy of the court order is attached as proof.

6. Child support I am court ordered to pay for nonjoint children and who do not live in my home: \$\_\_\_\_\_ per month  
A copy of the court order is attached as proof.

7. Health care coverage information (*check one or more that apply*)

I have health care coverage for the joint child(ren) in place. This  does  does not include dental coverage.

The cost of monthly health care coverage for myself: \$\_\_\_\_\_ per month

The cost of monthly health care coverage for the joint child(ren): \$\_\_\_\_\_ per month

I have health care coverage for the joint child(ren) available. This  does  does not include dental coverage.

The cost of monthly health care coverage for myself: \$\_\_\_\_\_ per month

The cost of monthly health care coverage for the joint child(ren): \$\_\_\_\_\_ per month

To my knowledge, the joint child(ren) receive(s) medical assistance / Minnesota Care.

8. Child care information (*check one*)

There are child care expenses for the joint child(ren) in the amount of \$\_\_\_\_\_ per month.

There are no monthly child care expenses for the joint child(ren).

I am unaware of any monthly child care expenses for the joint child(ren).

9. There is a court order for parenting time with the joint child(ren) (*check yes or no*)

yes  no

The information contained in this Affidavit is true and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Signature (*Sign only in presence of Notary or Court Deputy*)

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

Sworn / affirmed before me this

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

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Notary Public/ Deputy Court Administrator

**State of Minnesota**

**District Court**

Ramsey County

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

\_\_\_\_\_  
Petitioner

and

**Affidavit of Personal Service**

\_\_\_\_\_  
Respondent

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where Affidavit signed)

I, \_\_\_\_\_, being sworn, state that I am at least  
(Name of person who hand-delivered documents)

18 years of age having been born on \_\_\_\_\_, and that on \_\_\_\_\_

\_\_\_\_\_, I served the \_\_\_\_\_  
(list all papers handed to the other party)

\_\_\_\_\_ upon \_\_\_\_\_  
(list all papers handed to the other party) (Name of other party)

by handing a true and correct copy of the documents to him/her at \_\_\_\_\_  
(street address, city, state)

\_\_\_\_\_.

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

\_\_\_\_\_  
Signature (Sign only in front of notary public or court administrator.)

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

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator

\_\_\_\_\_  
Petitioner,

**ADMISSION OF SERVICE**

and

**Court File No.** \_\_\_\_\_

\_\_\_\_\_  
Respondent,

---

---

I \_\_\_\_\_, the petitioner/respondent above-named, hereby admit receipt of \_\_\_\_\_  
(list titles of all papers personally served upon receiving party)

on \_\_\_\_\_ at \_\_\_\_\_.  
(date of personal service) (exact address where personal service took place)

\_\_\_\_\_  
Name of person admitting service

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

**State of Minnesota**

Ramsey County

**District Court**

Judicial District: Second

Court File Number: \_\_\_\_\_

Case Type: Paternity

\_\_\_\_\_  
Petitioner

and

**Confidential Information Form**

(also known as Form 11.1)

**Gen. R. Prac. 11.02**

\_\_\_\_\_  
Respondent

**The information on this form is confidential and shall not be placed in a publicly accessible portion of a file.**

	NAME	SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER AND FINANCIAL ACCOUNT NUMBERS
Petitioner	1. _____	_____
	2. _____	_____
	3. _____	_____
Respondent	1. _____	_____
	2. _____	_____
	3. _____	_____
Other Party/Participant (e.g. minor children)	1. _____	_____
	2. _____	_____

Information supplied by: \_\_\_\_\_  
(print or type name of party submitting this form to the court)

Signed: \_\_\_\_\_  
Attorney Reg. #: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_