State of Minnesota			District Court
County		Judicial District:	
		Court File Number:	
		Case Type:	Custody
etitioner (First	, Middle, Last)		
	, , ,	PETITIO	N FOR THIRD
	,	PART	Y CUSTODY
Co-Petitioner, if any (First	st, Middle, Last)		
nd		Minn. S	Stat. ch. 257C
espondent Parent A (Firs	st, Middle, Last)		
espondent Parent B (Fin	rst, Middle, Last)		
		n	
art 1: Information abou	ıt Parties and Childre	n	
rt 1: Information abou Petitioner	ıt Parties and Childre	n Last	
rt 1: Information abou Petitioner a. Your Name and	It Parties and Childre Address:	Last	nent or Unit Number
rt 1: Information about Petitioner a. Your Name and	It Parties and Childre Address:	Last	nent or Unit Number
Petitioner a. Your Name and First Street Address City	Address: Middle	Last Apartn Zip	
Petitioner a. Your Name and First Street Address City	at Parties and Childre Address:	Last Apartn Zip	
Petitioner a. Your Name and First Street Address City	Address: Middle	Last Apartn Zip	
rt 1: Information about Petitioner a. Your Name and First Street Address City Your other None	Address: Middle State names (maiden, former	Last Apartn Zip r married or other legal	name, alias):
rt 1: Information about Petitioner a. Your Name and First Street Address City Your other None b. Your Social Se	Address: Middle State names (maiden, former	Last Apartn Zip r married or other legal be listed on Form 11.1	name, alias): and filed with the court.
First Street Address City Your other None b. Your Social Sec. Explain your recommendations	Address: Middle State names (maiden, former ecurity Number should leastionship to the children elationship to t	Last Apartn Zip r married or other legal be listed on Form 11.1	name, alias): and filed with the court

First	Middle	Last
Street A	Address	Apartment or Unit Number
City	State	Zip
	Co-Petitioner's other names (maid	en, former married or other legal name, alias).
	□ None	on, former married of other legal name, ands).
b.	Co-Petitioner's Social Security Number	er:
	_	nber is listed on Form 11.1 and on file with the
c.	How is Co-Petitioner related to you (for	or example, married, sisters, parent and child)?
	How is Co-Petitioner related to the chi	ildren?
d.	Is Co-Petitioner in the military? \(\subseteq \text{ Y}	res 🗌 No
Respo	ondent Parent A	
ı. Pa	rent A's Name and Address:	
Eit	Middle	Lui
First	Middle	Last
Street A	Address	Apartment or Unit Number
City	State	Zip

	Parent A's other names (maiden, former marrie	a or other leg	ar name, anasy.
	☐ Unknown ☐ None		
b.	Parent A's Social Security Number		
	☐ Parent A's social security number is listed on F	Form 11.1 and	on file with the cour
	☐ Parent A's social security number is unknown.		
c.	How is Parent A related to the children?		
	☐ biological mother ☐ biological father ☐ ado	ptive parent	
	other (explain):		
d.	Is Respondent Parent A in the military? Yes	☐ No	Unknown
Resno	ondent Parent B		
кевр			
	a. Parent B's Name and Address:		
	a. Fateni b s Name and Address.		
	a. Fatent b s Name and Address.		
First	Middle	Last	
First Street A	Middle		r Unit Number
Street A	Middle	Apartment o	r Unit Number
	Middle		r Unit Number
Street A	Middle	Apartment o	
Street A	Middle Address State	Apartment o	
Street A	Middle Address State Parent B's other names (maiden, former marrie	Apartment o	
Street A	Middle Address State Parent B's other names (maiden, former marrie Unknown None	Apartment o Zip ed or other leg	al name, alias):
Street A	Parent B's other names (maiden, former marrie Unknown Parent B's Social Security Number:	Apartment o Zip ed or other leg	al name, alias):
Street A	Parent B's other names (maiden, former marrie Unknown None Parent B's Social Security Number: Parent B's social security number is listed on F	Apartment o Zip ed or other leg	al name, alias):
Street A	Parent B's other names (maiden, former marrie Unknown None Parent B's Social Security Number: Parent B's social security number is listed on F Parent B's social security number is unknown.	Apartment o Zip ed or other leg	al name, alias):
Street A	Parent B's other names (maiden, former married Unknown None Parent B's Social Security Number: Parent B's social security number is listed on Former B's social security number is unknown. How is Parent B related to the children?	Apartment o Zip ed or other leg Form 11.1 and	al name, alias):

First	Mid	ddle	Last
Street	Address		Apartment or Unit Number
City	Sta	te	Zip
	Legal Guardian or Cust legal name, alias). ☐ Unknown	odian's other names (ma	aiden, former married or other
b.	Legal Guardian or Custodia Legal Guardian or Custo on file with the court.	· ·	nber: umber is listed on Form 11.1 and
	☐ Legal Guardian or Cust	odian's social security nu	umber is unknown.
c.	Describe the relationship be	etween the Legal Guardia	an or Custodian and the children:
d. C	. Is Legal Guardian or Custo ☐ Yes ☐ No ☐ Unk Children		
a. C	children's names and dates of	birth:	
N	ame of Child	Child's Age	Child's Date of Birth
_			
_			
_			
b. A	are you aware of any other cou	art cases involving the pa	arties (such as child support,
di	issolution, paternity, juvenile,	child protection, harassi	ment restraining order/HRO, order
fo	or protection/OFP, or other no	o-contact order)?	ES NO
	If YES, please list the f	following information (if	you know it):

	Court File Number:	
	County and State:	
	Information about the Case:	
c.	Who currently has custody of the children?	
	List who has legal and physical custody of each child, to the best of your knowledge. you know there is a court order for custody, include that information under "Court File Number" and "Court Order Date."	
	Child's Name:	
	Who has legal custody?	
	Who has physical custody?	
	Court File Number and State, if there is a court case:	
	Child's Name:	
	Who has legal custody?	
	Who has physical custody?	
	Court File Number and State, if there is a court case:	
	Child's Name:	
	Who has legal custody?	
	Who has physical custody?	
	Court File Number and State, if there is a court case:	
	Child's Name:	
	Who has legal custody?	
	Who has physical custody?	

How long has each child lived in Min	nesota?
Child's Name	Number of Years or Months Child Has Lived in Minnesota
	you (the Petitioner)?
If YES, then write the child's full nar	
lived with you.	me and the number of years or months the child h
If YES, then write the child's full nar lived with you.	me and the number of years or months the child h
If YES, then write the child's full nar lived with you. Child's Name	me and the number of years or months the child h
If YES, then write the child's full nar lived with you. Child's Name	Number of Years or Months Child Has Lived with You

If YES, give the following	information for each sibl	ing:
Sibling's Name	Who Sibling Lives With	That Person's Relationship to the Child
Example: John David Doe	Mary Smith	Aunt (Mother's sister)
		_
		-
ernity – Check all that app	alv.	
a. Court Order	ny.	
	in the State of	that says Parer
		ldren:
	_	
b. Minnesota Recogn	nition of Parentage (RO	P)
G	9	P) cognition of Parentage (ROP) for the
The Respondent Parer	9	cognition of Parentage (ROP) for the
The Respondent Parer following children:	nts signed a Minnesota Re	cognition of Parentage (ROP) for the
The Respondent Parer following children:	nts signed a Minnesota Re	cognition of Parentage (ROP) for the
The Respondent Parer following children:	ed with the Minnesota De at a county office).	cognition of Parentage (ROP) for the
The Respondent Parer following children:	ed with the Minnesota De at a county office).	partment of Health (this is usually r Parentage (VAP) in another state
The Respondent Parer following children:	ed with the Minnesota De at a county office). Hedgment of Paternity of Innesota ROP, but for a december of the state of t	partment of Health (this is usually r Parentage (VAP) in another state
The Respondent Parer following children:	ed with the Minnesota De at a county office). Hedgment of Paternity of Innesota ROP, but for a december of the state of t	partment of Health (this is usually r Parentage (VAP) in another state ifferent state.
The Respondent Parer following children:	ed with the Minnesota De at a county office). Hedgment of Paternity of Minnesota ROP, but for a data signed a VAP in a state	partment of Health (this is usually r Parentage (VAP) in another state ifferent state.
The Respondent Parer following children:	ed with the Minnesota De at a county office). Hedgment of Paternity of Minnesota ROP, but for a donts signed a VAP in a state on the following state:	partment of Health (this is usually r Parentage (VAP) in another state ifferent state. c other than Minnesota for the
The Respondent Parer following children:	ed with the Minnesota De at a county office). Hedgment of Paternity of Minnesota ROP, but for a donts signed a VAP in a state on the following state:	partment of Health (this is usually r Parentage (VAP) in another state ifferent state. e other than Minnesota for the

	The Respondent Paren	its were married when the	following children were born:
	divorced (or after the rannulment, declaration	narriage of the Respondent of invalidity, or after a de	ys after Respondent Parents were t Parents ended by death, ecree of legal separation was
Ш	-		following children into his home, ren:
	_	-	oondent Parent (A or B) is
		t Respondent Parent	_ is the father of the following
	because:		
	Other:		
Interested	d Third Party? Choose	•	as a De Facto Custodian or as an you are not sure which to choose ou may need legal advice.
☐ a. De I	Facto Custodian		Number of Months (out of
Name	of Child	Child's Age	last 24) you have been the primary caretaker

	Note:	the months in the third column do not have to be all in a row.
	During Ye	g the time the children lived with you, did either parent also live with you? s No
		ther parent been active in the children's lives on a regular basis while the children lived ou? Yes No
	□ b. :	Interested Third Party
	Check	all that apply:
		Petitioner does not qualify as a De Facto Custodian.
		The parents have abandoned, neglected, or otherwise shown a disregard for the
		children's wellbeing <u>AND</u> the children would be harmed by living with <u>either</u> parent because
		The children are in physical or emotional danger if they live with <u>either</u> 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:
Re	sponde	ent Parents' Involvement with the Children
9.	Paren	t A
		you believe that Parent A wants the children to live with you permanently?
		YES NO If NO, write what you believe Parent A wants:

b.	Parent A's parenting time until now:
	How often and under what circumstances (where and how) has Parent A seen the
	children?
c.	Has Parent A committed acts of domestic violence (physical or emotional abuse) or
	neglect against the children?
d.	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 ☐ UNKNOWN
	If YES, please give the following information:
	Date of Court Order:
	Court File Number:
	County and state where order was issued:
	Name of person court gave custody to:
	Were conditions set in the court order for custody to be returned to Parent A?
	☐ YES ☐ NO ☐ UNKNOWN
	If YES, did Parent A follow the conditions?
	☐ YES ☐ NO ☐ UNKNOWN
Pai	rent B
a.	Do you believe that Parent B wants the children to live with you permanently?
	☐ YES ☐ NO If NO, write what you think Parent B wants:
b.	Parent B's parenting time until now:
	How often and under what circumstances (where and how) has Parent B seen the
	children?
c.	Has Parent B committed acts of domestic violence (physical or emotional abuse) or
	neglect against the children?

d. Is there a Court Order that	says that Pare	ent B cannot ha	ave custody of	the child (for
example, an Order for Pro	tection or Chi	d Protection C	Order)?	
☐ YES ☐ NO	☐ UNKN	OWN		
If YES, please give the following	owing informa	ation:		
Date of Court Orde	r:			
Court File Number:				
County and state w	here order was	s issued:		
Name of person cou	urt gave custoo	ly to:		
Were conditions ser	t in the court o	rder for custod	ly to be returne	ed to Parent B?
☐ YES	□ NO	☐ UNKN	IOWN	
If YES, did	Parent B follow	w the condition	ns?	
	☐ YES	□ NO		NOWN
Others Who Have Provided Car	e for the Chil	dren		
11. Has a Standby Custodian (a per	rson officially na	med by a parent t	o care for the chil	d if something happens
to that parent) been named by eith	her parent?	☐ YES	□ NO	☐ UNKNOWN
If YES:				
Who named the Standby C	ustodian: (chec	k all that apply)		
☐ Parent A ☐ I	Parent B OI	R	Guardian or Ot	her Custodian
What is the Standby Custoo	dian's name?			
How is the Standby Custod	lian related to	the children? _		_
12. Are there people other than you extended period of time withou YES NO			dren in their h	ome for an
If YES, please give the following	wing informa	tion:		
Name	Relationsl Children	nip to	Amount of and When	-
Example: Tim & Sue Smith	<u>Maternal au</u>	nt and uncle	3 months –	June, July, Sept 2019

wishes?		old enough to state their
Name of Child	Child's Preference	Child's Age
Who is the children's	primary caretaker?	
Briefly describe how	close the children are to everyone in	nvolved:
You (Petitioner): _		
Co-Petitioner (if a	ny):	
Co-Petitioner (if a	ny):	
	ny):	
Parent A:		

•	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:					
	How well adjusted are the children to life at home, in school, and in the community?					
	The first the state of the stat					
	Life at home:					
	In school:					
	In the community:					
	In the community.					
	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?					
	Explain your answer:					
	If NO, explain your answer:					
	Other than the children who are part of this custody request, who else lives with you in					
	your home?					

	Do you consider these people to be your permanent family unit? Explain:
1.	Briefly describe the <u>mental</u> and <u>physical</u> health of everyone involved: You (Petitioner):
	Co-Petitioner (if any):
	Parent A:
	Parent B:
	Children:
	Legal Guardian or Other Custodian:
•	Explain how likely and able you are to give the children love, affection, and guidance and
	how you will do this.

į.	What is the children's cultural background?
J	
either question,	→ 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:
then you must give NOTICE to the Tribe of this action	□ NO, the children are not members of, or eligible for membership in, an Indian tribe □ UNKNOWN If YES, list the name of the Tribe:
for third party custody.	→ Is either parent a member of, or eligible for membership in, an Indian tribe? ☐ YES ☐ NO ☐ UNKNOWN If YES, list the name of the Tribe:
k	Explain how likely and able you are to continue educating and raising the children in their culture, religion, and creed?
1.	Has there been domestic abuse (physical or emotional) by any of the parties in this case against another party? (The parties are the parents, the Legal Guardian or Custodian, you, your Co-Petitioner, and the children.) YES NO If YES:
	Who has been involved in the domestic abuse?
	Explain what effect this abuse has had on the children:
Part	2: Income and Ability to Provide Child Support
14. E	xisting Child Support Order
A	re you aware of a child support order that is already in place? YES NO

15. 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):
16. 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) 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) per month.
OI	R Parent B is currently unemployed.
17. Public	e 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? \square YES \square 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 assista	nce 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 as	sistance received? YES	S □ NO	
e.	Do the children receive	public assistan	ce? 🗌 YES 🗌 NO 🗌 U	JNKNOWN	
	If YES, the amount is \$_		per month from	County.	
	Check all types of assista	nce received (if	you know):		
	☐ MFIP ☐ Medical A	Assistance or Mir	nnesotaCare	e Assistance	
	☐ IV-E Foster Care ☐	Tribal TANF	☐ General Assistance		
	If only some of the children	en receive public	assistance, public assistan	ce, write the	
	names of those children	hat do receive po	ıblic assistance:	_	
18. Child	Care Costs				
Do you ha	ve child care costs (dayca	re or babysitting	so that you can go to work	or school)?	
☐ YES	□NO				
If YES, lis	t what it costs per month:				
Part 3: Yo	our Requests				
	-				
The Petitioner asks the Court for an Order as follows:					
1. Granti	ing legal and physical cu	stody as follows) :		
a. 🗌					
	☐ Joint legal custody to Petitioner and:				
	☐ Parent A	Parent B			
	☐ Co-Petitioner	_	lian or Other Custodian		

b.		Sole physical custody to Petitioner, OR						
		Joint physical custody to Petitioner and:						
		☐ Parent A ☐ Parent B						
		☐ Co-Petitioner ☐ Legal Guardian or Other Custodian						
		you checked "joint physical custody" and the other person is not your spouse, then you ed a schedule stating who takes care of the children and when. Describe the schedule:						
	_							
c.	Joi	int legal or physical custody						
	If y	you checked "joint legal custody" or "joint physical custody," answer the following						
	que	estions:						
	i. Can you cooperate with the other party in raising the children? \square YES							
		Explain how you are able to cooperate or if you are not able to cooperate, why not:						
	ii.	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?						
		How willing are you and the other party to use these methods to resolve						
		disagreements?						
	iii.	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:
	iv.	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:
2.		ting Time for Respondent Parent A ng Parent A (check one) unsupervised supervised parenting time with the children
	as follo	WS (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:

OF	}					
			RESERVING Parent A's parenting time rights.			
3.			ting Time for Respondent Parent B ng Parent B (check one) unsupervised supervised parenting time with the children			
	as	follo	WS (be specific):			
	Weekends:					
		b.	Weeknights or after school (or, if not in school, then Monday through Friday):			
		c.	Holidays:			
		Birthdays:				
			School release days:			
			Summer:			
		g.	Telephone contact with children (When can they talk on the phone with Parent B?):			
		h.	Transportation:			
		i.	Other:			
OF	₹		RESERVING Parent B's parenting time rights.			
4.	Ch	nild S	Support			
		The	ere is an existing child support order inCounty. I ask the court to			
		ord	er 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.
5. Granting such other relief as the Court deems just and equitable.
ACKNOWLEDGMENT
By presenting this form to the court, I certify that to the best of my knowledge, information, and

belief, the following statements are true. I understand that if a statement is not true, the court can order a penalty against me (such as to pay money to the other party, pay court costs, and/or other penalties).

1. The information I included in this form is based on facts and supported by existing law.

- 2. I am not presenting this form for any improper purpose. I am not using this form to:
 - a. Harass anyone;
 - b. Cause unnecessarily delay in the case; or
 - c. Needlessly increase the cost of litigation.
- 3. No judicial officer has said I am a frivolous litigant.
- 4. There is no court order saying I cannot serve or file this form.
- 5. This form does not contain any "restricted identifiers" or confidential information as defined in Rule 11 of the General Rules of Practice (https://www.revisor.mn.gov/court_rules/gp/id/11/) or the Rules of Public Access to Records of the Judicial Branch (https://www.revisor.mn.gov/court_rules/rule/ra-toh/).
- 6. If I need to file "restricted identifiers," confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

Dated:	Petitioner's Signature	
	Tetitoner 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:	