

State of Minnesota

District Court

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

In the Matter of:

 Petitioner's Name and Address

and

 Respondent's Name and Address

Notice to Public Authority

(Minn. Stat. § 518A.44)

To: _____ IV-D Case No. (if known): _____
 (Write your case worker's name, if known)

- 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/Minnesota Care IV-E Foster Care
 Child Care Assistance Tribal TANF
- Petitioner's birth date is: _____
- Respondent's birth date is: _____
- 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 copy delivered to the Public Authority. Do not attach Form 11.1 to copy filed in the Court file.)

Signature of Petitioner

Telephone

E-mail address