Child Support Services
Office of the Ramsey County Attorney

An Elected Office of
RAMSEY COUNTY

Mother's Paternity Affidavit

Case: 0000000000-00

Child's Name: First and Last Name of child of this case

Why We Ask This Information

Either you or someone connected to you opened a child support case. Before the court can decide on child support, we need to determine who is the biological father of your child.

For legal reasons we also have to ask questions about your child's birth and your relationship with the father.

What We Mean When We Say "the Father"

When we say "the father," we mean the person you know or believe to be your child's biological father.

Sometimes people are unsure who the biological father is. To tell us about more than one person, first answer the questions about one possible father. Then use the space in the section titled Other Relationships to tell us about any other possible fathers.

What We May Do with This Information

We may use the information you give us to help set or modify a child support order. Eventually, this form may be filed with the court. Like other court documents, it may be shared with others, including the possible father(s).

Information about You

Name: First and Last Name

Date of Birth: _____

Your Phone Number: _____

If you have another phone number, write it in here: _____

Sex Assigned at Birth: _____ Race: _____

Place of Birth (City, State, Country): _____

Language Preference

Preferred Spoken Language: _____ Preferred Written Language: _____

Safety Information

Are you concerned about your safety or the safety of your children because of another person on this child support case? ☐ Yes ☐ No

If you checked "Yes," we will contact you by phone to discuss your concerns. We can hide details from this form and other ones to reduce the chances that the other person can find you.

Information about Your Child, Paternity Child's First and Last Name

Child's First, Middle, and Last Name: _____

Race: _____

Place Where You Became Pregnant (City, State, Country):_____

Your Due Date: _____ Length of Pregnancy in Weeks: _____

Date of Birth: _____ Sex Assigned at Birth: _____

Place of Birth (City, State, Country): _____

Your Child's Personal Relationship with the Father

Does the father visit your child? ☐ Yes ☐ No If "yes," how often? _____

When was the last visit the father had with your child? _____

Your Child's Legal Relationship to the Father

Was the father named on any of the following materials for your child?

1. Birth certificate? ☐ Yes ☐ No
2. Recognition of Parentage? ☐ Yes ☐ No

   In what state was the Recognition of Parentage signed? _____
3. Genetic testing results? ☐ Yes ☐ No

   If "yes," please send us a copy when you return this form.
4. Paternity order from another state? ☐ Yes ☐ No

   If "yes," what court decided on paternity (city, state, type of court)? _____

   _____

Information about the Biological Father

Any information you can give us about the father can help, even if the information is old or incomplete.

Name: _____ Nickname: _____

Date of Birth/Age: _____ Phone Number: _____

Sex Assigned at Birth: _____ Race: _____

Place of Birth (City, State, Country): _____

Address: _____

Does the father have a driver's license? ☐ Yes ☐ No ☐ Not sure State: _____

Does the father have a Social Security number? ☐ Yes ☐ No ☐ Not sure

If you know the father's Social Security number, write it here: _____

The Father's Language Preference

Preferred Spoken Language: _____ Preferred Written Language: _____

Physical Details

Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Glasses: _____ Facial Hair: _____

Tattoos, Scars, or Other Identifying Details: _____

Other People the Father Knows

	Name	Address	Phone Number
The Father's Mother			
The Father's Father			
The Person the Father Currently Lives With			

Relationships

Your Relationship with the Father

Did you ever live with the father? ☐ Yes ☐ No If "yes," when? _____

Were you and the father ever married? ☐ Yes – Legally ☐Yes – Culturally ☐ No

If "yes," when? _____ Where? _____

Did your relationship with the father end in divorce? ☐ Yes ☐ No

If "yes," where did the divorce happen (city, state, and country)? _____

Before your child was born, were you married to anyone other than the father? ☐ Yes ☐ No

If you were married, did you legally divorce that person before your child's birth? ☐ Yes ☐ No

If "yes," where did the divorce happen (city, state, and country)? _____

Other Relationships

The court requires us to ask if someone else might be your child's father.

In the 6 weeks before or the 6 weeks after you believe you became pregnant, did you have sexual intercourse with any other man? ☐ Yes ☐ No

If "yes," use the space on the next page to tell us any information you can about the other person or people. "More Information" can mean such things as the person's employer, parents' names and phone numbers, or criminal record.

Name	Date of Birth	Address	Phone Number	More Information

Please attach additional sheets of paper to list more names or give additional details.

Other Information You Think We Should Know

Use this space to tell us anything else that you think would help us with this case.

_____

_____

_____

_____

_____

_____

Declaration

By signing this form, you agree with these three statements:

- During the period when my child was conceived, I had sexual intercourse with each man listed as a possible biological father for my child.
- I understand that the information I have provided may be filed with the court and shared with others, including possible fathers.
- I declare under penalty of perjury that everything I have stated in this document is true and correct.

_____ _____ _____

Signature **Date** **County and State Where You Signed This Form**

Financial Information

Case **Case Number**

Why We Ask This Information

Either you or someone connected to you opened a child support case or asked to change an existing child support order. To get the child support amount right, we need to know about your income and expenses. For that same reason, we also ask you about the other parent.

What We May Do with This Information

We may use the information you give us to help set or change a child support order. Eventually, this form may be filed with the court. Like other court documents, it may be shared with others, including the other parent.

Information about You

Your Contact Information

Name: First and Last Name of CP or NCP

Date of Birth: _____ Place of Birth: _____

Mailing Address: CP or NCP Address

If you **live** at a different address, write it in here: _____

_____

Your Phone Number: _____ Is this a cell phone number? ☐ Yes ☐ No

If you have another phone number, write it in here: _____

When any of this information changes, tell us. Don't miss updates about your case!

Additional Details about You

Language Preference

Tell us what language you prefer to use when we communicate with you:

Preferred Spoken Language: _____ Preferred Written Language: _____

Safety Information

Are you concerned about your safety or the safety of your children because of another person on this child support case? ☐ Yes ☐ No

If you checked "Yes," we will contact you by phone to discuss your concerns. We can hide details from this form and other ones to reduce the chances that the other person can find you.

Past Child Support

If you are filling out this form to **change** an existing child support order, skip this section.

Sometimes the court will order the other parent to pay their share of the last two years of child support, child care costs, medical costs, or costs related to child's birth.

Do you want the court to order the other parent to pay for:

Past child support? ☐ Yes ☐ No

Child care costs? ☐ Yes ☐ No

Medical costs for the child? ☐ Yes ☐ No

Costs for the child's birth? ☐ Yes ☐ No

Current Education

If you are not currently going to school, skip this section.

School: _____ Estimated Graduation Date: _____

How many hours of class do you have each week? _____

What type of work will your current education allow you to do? _____

Military Service

Branch of the Military You Served in (Or Are Currently Serving In): _____

Your Current Work and Income

Ability to Work

Do you have a disability that keeps you from working full-time? ☐ Yes ☐ No

Do you have a child living with you who has a disability? ☐ Yes ☐ No

Does that child's disability keep you from working full-time? ☐ Yes ☐ No

Please send us documentation of your disability or your child's disability with this form.

If you have ever been convicted of a crime, in what state were you convicted: _____

We ask about this because criminal convictions can affect your ability to find work.

Current Employment

Your Current Employer: _____ Phone Number: _____

Your Employer's Address: _____

How many hours do you work every week? _____

If you are paid **by the hour**, write in your hourly wage here: $_____

If you are paid a **salary**, write in your annual salary (before deductions) here: $_____

Do you regularly receive **bonuses, commissions, overtime**, or other kinds of pay from this employer? ☐ Yes ☐ No

Anything else you want to tell us about your pay? _____

_____

Unemployment and Unemployment Benefits

Weekly Unemployment Benefit Amount: $_____ Remaining Benefit Balance: $_____

If you are unemployed, give us the date when your unemployment started: _____

Tell us the reason for your unemployment: _____

If you receive unemployment benefits, tell us which state pays your benefits: _____

Self-Employment

Name of Your Business: _____ Work Phone Number: _____

Average Monthly Income (Before Expenses): $_____ Monthly Expenses: $_____

If you do gig or contract work with multiple companies, list them here: _____

_____

Examples of gig or contract companies include Uber, DoorDash, and Instacart or local painting, construction, or landscaping companies.

Benefits for You or Your Children

Medical and Dental Coverage for You and the Children on This Case

In the table below, make a checkmark (✔) in every box that applies to your situation.

If you have a brochure, fact sheet, screenshot, or a link to a webpage that describes your coverage, send it to us with this form.

Medical Coverage	**Through Your Union, Employer or Spouse**	**Through the Other Parent on This Case**	**Through Private Insurance**	**Through Medical Assistance (MA)**
You Have It Now				
The Children on This Case Have It Now				
You Could Have It (But Don't)				
The Children on This Case Could Have It (But Don't)				
Dental Coverage				
You Have It Now				
The Children on This Case Have It Now				
You Could Have It (But Don't)				
The Children on This Case Could Have It (But Don't)				

In the table below, tell us how much coverage does or would cost you **per month**.

	Cost for You	Cost for You + 1 Other Person	Cost for a Family
Medical Coverage	$	$	$
Dental Coverage	$	$	$

Job and Job-related Benefit Programs

Next to each item in this list, enter the average amount that you receive from it every **month**.

$_____ in Veterans Benefits (VA)

$_____ in Supplemental Security Income (SSI)

$_____ in Retirement, Survivors and Disability Insurance (RSDI)

$_____ in Workers' Compensation

$_____ in any other benefits. List the benefits here: _____

Public Benefit Programs for You and the Children of Yours Who Live with You

Make a checkmark in every box that applies to **you or the children of yours who live with you**.

☐ Cash assistance for the children of yours who live with you

☐ Child care assistance

☐ SNAP (Supplemental Nutrition Assistance Program)

☐ General Assistance (GA) for you

If any of these benefits come from a state other than Minnesota, tell us the state and the benefit:

_____

Your Expenses and Debts

Child Support, Child Care, and Spousal Support

Type of Expense or Debt	Amount That You Pay	How Often You Pay That Amount	Additional Information That We Need
Child Care	$	☐ Weekly ☐ Monthly	Send us written documentation of your child care expense from your child care provider
Child Support for the Children on This Case	$	☐ Weekly ☐ Monthly	How long you have been paying this amount?
Child Support for Other Children	$	☐ Weekly ☐ Monthly	Tell us the initials and dates of birth for these children: _____
Spousal Support	$	☐ Weekly ☐ Monthly	Date when the spousal support ends: _____. County and state that made the order:

Necessities for You and Your Children Who Live with You

In this section we ask about the amount of money **you** pay for certain regular expenses.

Specifically, we want to know how much you pay to support yourself and the children of yours who live with you. For example, if you split your rent with a relative or partner, only tell us about your portion of the rent.

You may have to estimate some items. For example, the amount of money you spend on utilities probably changes from month to month. We still need you to give us an average.

Type of Expense or Debt		Amount That You Pay	How Often You Pay That Amount		
			Weekly	Monthly	Annually
Home	Rent/Mortgage	$			
	Association or Other Fees	$			
	Home or Renters Insurance	$			
	Property Taxes	$			
Utilities and Phone	Water	$			
	Electricity	$			
	Gas	$			
	Phone	$			
	Internet	$			
Transportation	Car Payment	$			
	Bus or Other Public Transit	$			
	Rideshare (for example, Uber)	$			
	Gas	$			
	Car Insurance	$			
Food, Clothing, and Personal Care	Food	$			
	Clothing	$			
	Personal Care	$			
Other Debts	Medical Debt	$			
	Credit Cards	$			
	Student Loans	$			
	Tax-related Debt or Fines	$			
	Other Fines/Restitution	$			

Tell us about other any other expenses you regularly pay: _____

_____

_____

_____

Your Property and Household

Cars and Other Vehicles You Own

If you own a **car or truck**, tell us the make, model, and year: _____

If you own **other vehicles** (a second car, a motorcycle, a boat, and so on), tell us what type of vehicle and their make and year: _____

Homes or Real Estate You Own

If you own a **home**, tell us the current market value: $_____

If you own **other property**, tell us the current total value: $_____

Anything else you want to tell us about your property? _____

Your Household

We define a household as a group of people living together in the same home. Some of those people may be related to you and some may not. Either way, you all share a household.

How many adults live in your household? _____ How many children live with you? _____

Marriage, Separation, or Divorce

If you and your child's other parent were married, use the table to tell us more.

Event	Date	Place
Marriage		
Separation		
Divorce		

Information about the Other Parent

The Other Parent's Contact Information

Name: Other Parties First and Last Name, if known

Date of Birth: _____ Place of Birth: _____

Address: _____

Even an older or incomplete address for the other parent helps. Just city and state is okay.

Phone Number:_____ Is this a cell phone number? ☐ Yes ☐ No ☐ Not sure

If you have another number for the other parent, write it in here: _____

The Other Parent's Job and Income

Current Employer: _____ Employer's Phone Number: _____

Is the other parent unemployed? ☐ Yes ☐ No ☐ Not sure

If the other parent is self-employed, tell us what type of work they do or companies they might work with (Uber, local landscaping, or others): _____

If the other parent is paid **by the hour**, give us your estimate of their hourly wage: $_____

If the other parent is paid a **salary**, give us your estimate of their annual salary: $_____

Anything else you want to tell us about the other parent's pay or benefits? _____

_____

_____

The Other Parent's Ability to Work

Does the other parent have a disability that keeps them from working full-time? ☐ Yes ☐ No

Has the other parent ever been convicted of a crime? ☐ Yes ☐ No

If "yes," in what state were they convicted: _____

We ask about this because criminal convictions can affect a person's ability to find work.

Additional Information

Use this space to tell us anything else that you think is important to know about your child support case. This may include information about the parent's location, education, and ability to work.

_____

_____

_____

Declaration and Signature

By signing this form, you agree with these two statements:

- I understand that the information I have provided may be filed with the court and shared with others, including the other parent.
- I declare under penalty of perjury that everything I have stated in this document is true and correct.

_____ _____ _____

Signature **Date** **County and State Where You Signed This Form**

YOUR PRIVACY RIGHTS
FOR INFORMATION COLLECTED BY THE CHILD SUPPORT OFFICE

Purpose

This form tells you about your rights under the Minnesota Government Data Practices Act. This act protects your Privacy, but also lets us give information about you to others if a law permits. This form tells why and when we will ask for and give information about you. The child support agency can also explain any additional requirements.

Why Do We Ask You For This Information?

We may ask you for information so we can:

- Tell you from other persons with the same name or similar name
- Make reports, do research, audits, and evaluate our programs
- Establish paternity and child support orders
- Locate parents
- Enforce support orders

Do You Have to Answer The Questions We Ask?

Generally, the law does not say you have to give us this information. However, this information requested will usually result in a more accurate determination of child support obligations. If you are a custodial parent and not receiving public assistance, your failure to cooperate may result in your case being closed.

What Will Happen if You Do Not Answer the Questions We Ask?

We need this information to determine the child support obligation amount. Without your input, we must rely on the other parent and other sources of information.

What if You Are on Public Assistance?

If you are a custodial parent receiving public assistance, you are required to cooperate in obtaining information for the establishment of paternity and/or determination of child support obligations. A financial sanction may be applied against your public assistance grant if you do not cooperate.

With Whom May We Share the Information About You?

This does not mean we always share information about you with these people. It only says that there is a law that says we may share data with these people (sometimes the law says we must share certain information). We may give information about you to the following agencies:

- Minnesota Department of Human Services
- Other welfare offices, including child support enforcement offices
- Mental health centers
- State hospitals or nursing homes
- Ombudsman for mental health and mental retardation
- Insurance companies to check benefits you or your children may get
- Anyone under contract with the Minnesota Department of Human Services, or U.S. Department of Health and Human Services, or the county social services agency
- U.S. Department of Health and Human Services
- U.S. Department of Labor and Minnesota Department of Labor and Industry
- U.S. Department of Agriculture
- Immigration and Naturalization Service
- Credit Bureaus
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care

- Community food shelves or surplus food programs
- State and Federal auditors
- School and other institutions of higher education
- Member agencies of a local collaborative
- Guardian, conservator or person who has power of attorney for you
- Minnesota Historical Society
- Ombudsman for families
- Creditors
- School District
- Local and state health departments
- American Indian tribes, if your children are Indian and in need of out-of-home placement or you are in need of employment, training, or welfare services at a tribal reservation
- Employees or volunteers of any welfare agency who need the information to do their jobs
- People who investigate child or adult protection matters
- Coroner/medical examiner if you die and your death is investigated
- Employers, union, or other pay of funds
- Internal Revenue Service
- Child or adult protection teams
- Hospital if you, a friend, or relative has an emergency and someone needs to be contacted
- Minnesota Department of Revenue
- Social Security Administration
- Minnesota Department of Employment and Economic Development
- County Attorney, Attorney General, or other law enforcement officials
- Fraud Prevention and Control Units
- Court Officials
- Collection Agencies, if you do not pay the child support or the fees you owe to us for services
- Higher Education Services Office
- County Welfare Boards
- Minnesota Department of Public Safety
- Federal Case Registry
- Anyone else the law says we can give the information

Do You Have the Right to Copies of Information We have about you?

- You may ask by written request if we have any information about you
- You may ask for copies of the information we have about you (you may have to pay for the copies)
- You may give other people permission to see and to have copies of private data about you
- If you do not understand the information, you may ask to have it explained to you

How Do You Appeal if You Think Information Is Not Accurate or Complete?

You must make your objection in writing and you must send it to the Child Support Agency. You must tell us why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. For more information on how to appeal, contact your child support office.

What Privacy Rights Do Children Have?

If you are under 18, parents may see data about you and authorize others to see this data, unless you have made a request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing the data would be in your best interests, we will not share the data with your parents. If we don't agree with you, the data may be shared with your parents if they ask for it.

Questions: If you have any questions about the information on this form, contact your child support office.

IMPORTANT STATEMENT OF RIGHTS

This information is available in accessible formats for individuals with disabilities by calling (651) 431-4199 or toll free at (800) 657-3954 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Sharing Information: The information provided by both parties or obtained by this office from other sources may be shared, as necessary, during this process. If you are concerned about sharing information, contact the Child Support Officer.

Your Right to a Lawyer: You have a right to have a lawyer represent you. You may hire a lawyer to represent you. You may also decide to represent yourself.

In a parentage (paternity) action, if the court finds that you cannot afford a lawyer, the court will appoint a lawyer at public expense. If this is a contempt action and incarceration is a possible outcome of this proceeding, if the court finds that you cannot afford a lawyer, the court will appoint a lawyer at public expense.

There is No Attorney Client Relationship between You and the County Attorney or County Child Support Agency: Employees of the County Attorney or Child Support Agency do not represent either parent, alleged parent, the custodian of the child or the child. The child support agency represents the public interest in cases involving public assistance and in other non public assistance IV-D cases. The goals of the child support agency may not be the same as yours.

Safety Concerns: If you have been threatened or harmed by the other party or if the children have been threatened or harmed by the other party, please contact the child support officer about your safety and the safety of your children.

YOUR PRIVACY RIGHTS, FOR INFORMATION COLLECTED BY THE CHILD SUPPORT OFFICE: If the child support agency asks you for private or confidential information about yourself, you have the right to be told: (a) the purpose and intended use of the information; (b) if you can refuse or if the law requires you to give the information, (c) what might happen if you give or refused to give the information, and (d) who will be allowed to see the information you give.

Child Support Services
Office of the Ramsey County Attorney

An Elected Office of
RAMSEY COUNTY

Case: 0000000000-00
Letter Name: Nonpayment: Possible Contempt Process
Do we have the wrong address? Call us to correct it.

November 2, 2022

Your case has moved into an urgent stage. Call us today to explain your situation.

Child Support Summary (Updated)

Monthly Child Support Due
$Monthly Obligation
Child Support Debt
$Arrears Balance
Date of Last Payment
MMMM dd, yyyy
Amount of Last Payment
$Last Payment Amount
Children on the Case
First and Last Name of each child

NCP First and Last Name
Address
City, State ZIP

Hello, NCP First and Last Name,

To understand why you are not paying child support, we may have to bring your case to court. This is a serious step, and we want to be sure you understand what could happen if you do or do not go to court.

What Might Happen Next

If we go forward with this process, you will receive legal documents that will require to you to go to court. You must attend your court hearing on the date and time given in the documents.

At the hearing, the court will try to understand why you have not been paying. You will have to answer questions about your income and your ability to work.

The court will try to understand if you have willfully avoided payment. In other words, the court is trying to answer two questions: Can you truly not afford to pay your child support? Or do you have the money to pay but have chosen not to?

If the court decides that you are able to pay but have chosen not to, the court could order you to serve time in jail. The court could also order you to serve time in jail if you do not appear for *certain types* of court hearings.

The Best Way You Can Respond Right Now

Please call me as soon as possible to discuss your case. With a few simple questions, I can find out if we can set up a payment agreement that will work for you. I can also see if you might qualify to have your child support order changed or refer you to services for housing, job training, or parenting, if those sound useful to you.

Calling me now could save you time and worry in the future.

Let's Talk about Your Case as Soon as Possible

Call me at 651-266-####. I have worked with many parents in this situation and am ready to assist.

Worker's Name,
Ramsey County Child Support Worker

Mail or **In-Person**
121 7th Place E, Suite 4500
Saint Paul, MN 55101

Phone
651-266-3344
Fax
651-266-3300

Email
ChildSupport@RamseyCounty.us

Child Support Services
Office of the Ramsey County Attorney

An Elected Office of
RAMSEY COUNTY

Case: 0000000000-00
Letter Name: Affidavit from the Receiving Person
Do we have the wrong address? Correct and send it with your reply.

November 2, 2022

CP First and Last Name
Address
City, State ZIP

We need you to fill in and sign the attached documents and send them back to us.

Child Support Summary (Updated)

Monthly Child Support Due
$Monthly Obligation
Child Support Debt
$Arrears Balance
Date of Last Payment
MMMM dd, yyyy
Amount of Last Payment
$Last Payment Amount
Children on the Case
First and Last Name of each child

Hello, CP First and Last Name,

We are considering bringing NCP First and Last Name to court to encourage them to pay child support. In this letter, we will call NCP First and Last Name "the parent required to pay support."

Because the court process could have serious consequences, we describe it in detail below.

Our goal is to find a way for you to receive consistent, reliable child support payments.

Six Steps of Bringing a Child Support Case to Court

1. Before bringing your case to court, we first confirm that the law allows us to take this step for your case. For example, the law does not allow us to take the case to court if the parent required to pay support is receiving cash public assistance.
2. We then look for a verified location for the parent required to pay support. We cannot bring someone to court without a verified location.
3. Once we have verified the location of the parent required to pay support, we will serve them with court documents. These documents require them to attend a hearing on this case.
4. You will also receive copies of the court documents. The date, time, and location of the first hearing will be in a document called "Order to Show Cause and Notice of Motion."
5. At the hearing, the court will try to determine why the parent required to pay support has not been paying. The court will try to understand if they have willfully avoided payment. In other words, can they truly not afford to pay child support? Or do they have the money to pay but have chosen not to?
6. If the court finds that the parent required to pay support have willfully avoided payment, they may be sentenced to jail.

How Long Does the Contempt Process Take?

Because the contempt process has several steps and includes a court hearing, it may take a long time to complete.

One step that often delays this process is locating the parent required to pay support. Sending us the information we ask for in this letter should speed up this part of the process.

Mail or **In-Person**
121 7th Place E, Suite 4500
Saint Paul, MN 55101

Phone
651-266-3344
Fax
651-266-3300

Email
ChildSupport@RamseyCounty.us

How to Reply to This Letter

Fill in the section titled “Information Needed to Deliver Legal Papers to the Other Party.” Read and sign the attached affidavit.

Please return the affidavit and the “Information Needed to Deliver Legal Papers to the Other Party” by dddd, MMMM d, yyyy.

You can return both forms to us by email, mail, or fax.

Have Questions for Me? Want to Talk about Your Case?

Call me at 651-266-#### with any questions. Or send me your number and I will call you: _____.

Be sure to contact me if you believe the contempt process might not encourage child support payments. Or if this process could make you or your child feel less safe or lead you to face new problems.

Worker's Name,
Ramsey County Child Support Worker

STATE OF MINNESOTA
COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT
FAMILY COURT DIVISION
CASE TYPE: 44 - Support

Ramsey County and
CP Name,
Petitioner,

and/vs

NCP Name,
Respondent.

AFFIDAVIT IN SUPPORT OF MOTION FOR CONTEMPT BY PERSON WHO SHOULD RECEIVE SUPPORT

Court File No(s)
IV-D Case No. 0000000000-00

I, CP Name, state that:

1. I am the person who should receive support for the following children: Children's Names and DOBs.

2. I currently have an open child support case with Ramsey County.

3. From start date of obligation (when the obligation to pay support began) through the date when I signed this affidavit:
   (Check only one of the two boxes below.)

   □ All of the child support that I have received for this case has come through or been reported to Ramsey County Child Support. This includes any payments given to me directly by NCP Name.

   □ I have received $_____ directly from NCP Name. This amount has not been reported to Ramsey County Child Support before now.

4. I have been adversely affected by not receiving the financial support that NCP Name is supposed to provide.

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

_____ _____ _____(County)_____(State)
Signature **Date** **County and State Where You Signed This Form**