State of Minnesota

County

Judicial District:	
Court File Number:	
Case Type:	Dissolution with Children

In the Matter of:

Petitioner

and

Admission of Service of Summons and Petition for Dissolution of Marriage

Respondent

I, the undersigned Respondent, acknowledge that I have personally received a copy of the Summons and Petition for Dissolution of Marriage. I understand that:

- 1. Signing this document starts the divorce/dissolution process;
- 2. Signing this document does not mean that I agree with everything in the Petition for Dissolution of Marriage. It only means that I have received a copy of the Summons and Petition;
- 3. I have thirty (30) days from the date of signing this document to serve on the Petitioner an Answer to the Petition;
- 4. If I do not serve an Answer within thirty (30) days, I will be found in default and Petitioner may ask the Court to give him/her everything (s)he has asked for in the Petition for Dissolution of Marriage;
- 5. I do not have to sign this Admission. But if I do not sign, Petitioner can commence the divorce/dissolution by having the Summons and Petition for Dissolution of Marriage personally served upon me and I may have to pay the cost of Petitioner doing this.

I declare, under penalty of perjury, that I personally received a copy of the *Summons* and *Petition*

at,		
(City)	(State)	(Month/Day/Year you received the papers).
Dated:		
		Signature (Sign only in front of notary public or court administrator.)
		Name:
Sworn/affirmed before me this		Address:
day of ,		City/State/Zip:
		Telephone: ()
Notary Public \ Deputy Court Administrate	or	

State of Minnesota	District Court
County	Judicial District:
	Court File Number:
	Case Type: Dissolution with Children
In the Matter of:	
Petitioner	
and	Affidavit of Personal Service
Respondent	_
STATE OF MINNESOTA	
COUNTY OF) SS
COUNTY OF(County where Affidavit signed)	_)
I,	_, being sworn, state that I am at least 18 years of age
having been born on	, and that on,
I served the Summons and Petition for Diss	olution of Marriage upon(Name of other party)
	(Name of other party)
by ha	nding a true and correct copy of the documents to
him/her at:	
street a	ddress city state
	Signature of Person who Served the Documents
Dated:	Signature (Sign only in front of notary public or court administrator.) Name:
Sworn/affirmed before me this	Address:
day of,	City/State/Zip:
	Telephone: ()