



Jami Goodrum Schwartz  
Director

# WRIGHT COUNTY HEALTH & HUMAN SERVICES

[www.co.wright.mn.us](http://www.co.wright.mn.us)

Administration • Fiscal Technology & Support  
Social Services • Public Health

1004 Commercial Drive, Buffalo, MN 55313 – Phone: 763-682-7400

Financial Services • Child Support

10 2<sup>nd</sup> Street NW, Room 300, Buffalo, MN 55313 – Phone: 763-682-7400

## **APPLICANT’S WAIVER OF PERSONAL SERVICE** **By Applicant of Child Support Services or Recipient of Public Assistance**

As an applicant of Child Support Services or recipient of Public Assistance, I understand that Wright County may initiate legal proceedings as necessary to establish, enforce or modify support in my case.

I understand that I have a right to be personally served with a Summons and Complaint when Wright County initiates a legal action in my case.

I agree that all notices and pleadings, including a Summons and Complaint, regarding action taken by Wright County to establish, enforce, or modify support for my child(ren) may be provided to me by United States mail at the most current address I have given to Wright County Human Services Agency. I understand it is my responsibility to keep Wright County Human Service Agency informed of my current address.

By agreeing to service by United States mail, I agree to waive personal service of notices and pleadings regarding legal action taken by Wright County to establish, enforce, or modify support owed to my child(ren). I understand that all notices and service of documents will be mailed to me at the most current address I have provided to Wright County Human Services Agency.

By signing this Waiver of Personal Service, I only agree to receive all notices and pleadings (including any Summons and Complaint, Motion and/or Affidavit) from Wright County regarding support for my child(ren) by mail, and I do not waive any other rights or defenses.

\_\_\_\_\_  
Applicant for Services/Recipient of Public Assistance

\_\_\_\_\_  
Date

For Office Use Only:

MAXIS/METS CASE #: \_\_\_\_\_

PRISM CASE #: \_\_\_\_\_