

# Judgment by Operation of Law

Judgment by Operation of Law (JOL) is a form of civil recovery for establishing overpayments and securing judgments on selected MAXIS claims. The JOL differs from the typical administrative process for establishing overpayment. Instead of first class mail, the notice of overpayment must be provided by certified mail or personal service to the client. See 0026.39 (Notice of Overpayment and Recoupment). The time period for requesting an appeal is extended to 90 days after the notice is received by certified mail or personal service. Typically, the client has 30 days from the date a regular notice of overpayment is mailed to request an appeal. See 0027.09 (Appeal Requests). With the following exceptions, the JOL process must be used for all newly established MAXIS claims:

- Agency error overpayments.
- Household error overpayments under \$100.
- Fraud overpayments that have been established by a court order for restitution.

**Programs allowed: MFIP, FS, DWP,GA,MSA,MEC2**

- The County must have the overpayment notice delivered by certified mail (return receipt requested) or by personal service. NO EXCEPTIONS.
- The specific client doesn't need to sign the certified mail receipt; any adult at the address can sign.
- Make sure everyone who is responsible on the claim is coded to receive a certified notice.
- The County can send one certified notice to an address with two or more clients who are responsible for the debt. I just make sure to have each name on the certified address label.

John Smith  
Jane Smith  
111 1<sup>st</sup> Street  
Anytown, MN

When the certified notice is returned, go to CCOL/JGMT and enter the date the notice was delivered. It will automatically pop up the number of days left until you can docket the judgment, 90 days from the day the notice was delivered.

08/26/14 13:19:04                      MAXIS                      FMMCUAM1  
Judgment Maintenance and Tracking - By Person and Claim (JGMT)

Person SSN: 000 00 0000    Claim: 444444    CLIENT,JOE

	Clm	Estab	Period	Claim	Clm	Original	
	Prog	St	Typ	Date	From	To	Balance
_	FS	2	D	02/08/13	06/12	12/12	936.00
							83 333333
							CLIENT,JOE

Notice Produced: 02 11 13  
Notice Delivered: 03 05 13    # Days Remaining: \_\_\_\_ Appeal Filed (Y/N): N  
Notice Returned by P.O/Sheriff: \_\_\_\_

-----  
Judgment Type: AJ    Docket Co: 83    Court File Nbr: 83-CV-13-000\_\_\_\_  
Docket Nbr: \_\_\_\_\_    Docket Dt: 08 28 13    Amt Docket for Jgmt:\$ \_\_\_\_936.00  
Joint Resp. (Y/N) N    Share Ratio: 1 / 1    Interest (Y/N): N    Satisf.Dt: \_\_\_\_  
Partial Satisfaction Date: \_\_\_\_    Partial Satisfaction Amt: \_\_\_\_0.00

Curr Function: CCOL    Case Nbr: \_\_\_\_\_    Month: 08 14    Command: \_\_\_\_  
Claim Co:    Claim Pw:    Name:    User: X183533  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
HELP PMI    EXIT                      PREV NEXT EDIT OOPS TRBL INFO

WHERE DO YOU FIND JOL  
INSTRUCTIONS AND FORMS??

THE COMBINED MANUAL!

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MANUAL??

DHS-SIR > MAXIS

## Welcome to the MAXIS Content Area

MAXIS determines eligibility and aid amounts for public assistance and issues cash benefits and Food Support. It is used by approximately 6,000 DHS and county workers. Cash assistance and Food Support recipients use EBT to access their benefits through ATMs and point-of-sale (POS) terminals.

### MAXIS Announcements

Title	Publish date
TSS Help Desk availability Thursday 9/25	9/23/2014
PARIS Match DAILs for 09/14	9/19/2014
DHS Publishes Final Clarifying Q and A on Safeguarding Federal Tax and Social Security Information in New Content Area	9/17/2014
PMI Merge Requests	9/12/2014
Instructions for Processing Retroactive Medical Assistance (MA) has been updated	9/12/2014
UPDATE - URGENT request to MFIP, SNAP & DWP workers regarding WF1 referrals and Appointment dates	9/12/2014
MA-EPD Notices and Additional Information	9/11/2014
Do Not Approve New MA-EPD Premiums	9/9/2014
MA-EPD DAIL Messages Issued	9/9/2014
No MA-EPD DAIL Messages Generated	9/8/2014
MSA Mass Change	9/8/2014
MASS Change: SNAP, MFIP & DWP Auto-Approvals/DAILs	9/8/2014
URGENT request to MFIP, SNAP & DWP workers regarding WF1 referrals and Appointment dates	9/5/2014
Drug Felon Matching	9/3/2014
Script Updates Now Available: 09/2014	9/2/2014
DWP/MFIP Status Update Form (DHS-3165) Revised	9/2/2014
TEMP Manual Updates - 08/2014	9/2/2014

### Web Form Links

TSS Help Desk Request  
TSS BENE Request  
TSS BENE PMI FC-AA Request  
VIP MEC2 Tax Information Change Request  
MAXIS Vendor Request  
TSS Unsuspend Request

### MAXIS Links

Previous Announcements  
Webmail  
Bulletins  
Combined Manual  
CountyLink  
eDocs  
PolicyQuest  
State of MN - Mainframe Display  
BlueZone v5.1C2  
TrainLink  
Web Mail Distribution Lists



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Page Safety Tools

### Combined Manual Home Page

Future Changes	
Guides and Handouts	
01 - TABLE OF CONTENTS	
+ 02 - GLOSSARY	<a href="#">0001</a> Table of Contents
+ 03 - CLIENT RESPONSIBILITIES AND RIGHTS	<a href="#">0002</a> Glossary
+ 04 - EMERGENCIES	<a href="#">0003</a> Client Responsibilities and Rights
+ 05 - APPLICATIONS	<a href="#">0004</a> Emergencies
+ 06 - DETERMINING FINANCIAL RESPONSIBILITY	<a href="#">0005</a> Applications
+ 07 - REPORTING	<a href="#">0006</a> Determining Financial Responsibility
+ 08 - CHANGES IN CIRCUMSTANCES	<a href="#">0007</a> Reporting
+ 09 - RECERTIFICATION	<a href="#">0008</a> Changes in Circumstances
+ 10 - VERIFICATION	<a href="#">0009</a> Recertification
+ 11 - TECHNICAL ELIGIBILITY	<a href="#">0010</a> Verification
+ 12 - PROCEDURAL ELIGIBILITY	<a href="#">0011</a> Technical Eligibility
+ 13 - BASIS OF ELIGIBILITY	<a href="#">0012</a> Procedural Eligibility
+ 14 - ASSISTANCE UNITS	<a href="#">0013</a> Basis of Eligibility
+ 15 - ASSETS	<a href="#">0014</a> Assistance Units
+ 16 - INCOME FROM PEOPLE NOT IN THE UNIT	<a href="#">0015</a> Assets
+ 17 - DETERMINING GROSS INCOME	<a href="#">0016</a> Income From People Not in the Unit
+ 18 - DETERMINING NET INCOME	<a href="#">0017</a> Determining Gross Income
+ 19 - GROSS INCOME TEST	<a href="#">0018</a> Determining Net Income
+ 20 - NET INCOME LIMITS	<a href="#">0019</a> Gross Income Test
+ 22 - BUDGETING AND BENEFIT DETERMINATION	<a href="#">0020</a> Net Income Limits
+ 23 - SPECIAL NEEDS PAYMENTS	<a href="#">0022</a> Budgeting and Benefit Determination
+ 24 - PAYMENTS	<a href="#">0023</a> Special Needs Payments
+ 25 - BENEFIT ADJUSTMENTS AND RECOVERY	<a href="#">0024</a> Payments
+ 26 - NOTICES	<a href="#">0025</a> Benefit Adjustments and Recovery
+ 27 - APPEALS	<a href="#">0026</a> Notices
+ 28 - EMPLOYMENT SERVICES	<a href="#">0027</a> Appeals
	<a href="#">0028</a> Employment Services
	<a href="#">0029</a> Other Related Programs
	<a href="#">0030</a> Refugee Resettlement Program

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[DHS Home Page](#)

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> [Combined Manual](#) > [25 - BENEFIT ADJUSTMENTS AND RECOVERY](#)

Skip To: [Main content](#) | [Subnavigation](#) |

[Combined Manual](#)

[Advanced Search](#)

[Future Changes](#)

[Guides and Handouts](#)

[01 - TABLE OF CONTENTS](#)

[+ 02 - GLOSSARY](#)

[+ 03 - CLIENT RESPONSIBILITIES AND RIGHTS](#)

[+ 04 - EMERGENCIES](#)

[+ 05 - APPLICATIONS](#)

[+ 06 - DETERMINING FINANCIAL RESPONSIBILITY](#)

[+ 07 - REPORTING](#)

[+ 08 - CHANGES IN CIRCUMSTANCES](#)

[+ 09 - RECERTIFICATION](#)

[+ 10 - VERIFICATION](#)

[+ 11 - TECHNICAL ELIGIBILITY](#)

[+ 12 - PROCEDURAL ELIGIBILITY](#)

[+ 13 - BASIS OF ELIGIBILITY](#)

[+ 14 - ASSISTANCE UNITS](#)

[+ 15 - ASSETS](#)

[+ 16 - INCOME FROM PEOPLE NOT IN THE UNIT](#)

[+ 17 - DETERMINING GROSS INCOME](#)

[+ 18 - DETERMINING NET INCOME](#)

[+ 19 - GROSS INCOME TEST](#)

[+ 20 - NET INCOME LIMITS](#)

[+ 22 - BUDGETING AND BENEFIT DETERMINATION](#)

## CHAPTER 0025 TABLE OF CONTENTS

<a href="#">0025</a>	BENEFIT ADJUSTMENTS AND RECOVERY
<a href="#">0025.03</a>	DETERMINING INCORRECT PAYMENT AMOUNTS
<a href="#">0025.06</a>	MAINTAINING RECORDS OF INCORRECT PAYMENTS
<a href="#">0025.09</a>	CORRECTING UNDERPAYMENTS
<a href="#">0025.09.03</a>	WHERE TO SEND CORRECTIVE PAYMENTS
<a href="#">0025.12</a>	TYPES OF OVERPAYMENTS
<a href="#">0025.12.03</a>	OVERPAYMENTS EXEMPT FROM RECOVERY
<a href="#">0025.12.03.03</a>	SUSPENDING OR TERMINATING RECOVERY
<a href="#">0025.12.03.06</a>	BANKRUPTCY
<a href="#">0025.12.03.09</a>	CLAIM COMPROMISE & TERMINATION
<a href="#">0025.12.06</a>	REPAYING OVERPAYMENTS - PARTICIPANTS
<a href="#">0025.12.09</a>	REPAYING OVERPAYMENTS - NON-PARTICIPANTS
<a href="#">0025.12.12</a>	ACTION ON OVERPAYMENTS - TIME LIMITS
<a href="#">0025.15</a>	ORDER OF RECOVERY - PARTICIPANTS
<a href="#">0025.18</a>	ORDER OF RECOVERY - NON-PARTICIPANTS
<a href="#">0025.21</a>	RECOVERY METHODS
<a href="#">0025.21.03</a>	OVERPAYMENT REPAYMENT AGREEMENT
<a href="#">0025.21.06</a>	CIVIL RECOVERY
<a href="#">0025.21.07</a>	JOL - ESTABLISHING CLAIMS
<a href="#">0025.21.08</a>	JOL - DOCKETING & RENEWING
<a href="#">0025.21.09</a>	REVENUE RECAPTURE ACT
<a href="#">0025.21.12</a>	ESTATE CLAIMS
<a href="#">0025.21.15</a>	RECOUPMENT
<a href="#">0025.21.15.03</a>	AMOUNT TO RECOUP





Overpayments established through the Judgment by Operation of Law (JOL) process can be docketed and renewed when needed. See 25.21.07 (JOL – Establishing Claims). A local agency may enter a JOL for docketing 90 days after delivery of the overpayment notice or 90 days after terminating the benefits causing the overpayment, whichever occurs later. It does not prevent docketing a JOL against a person responsible on the claim who is no longer a member of the household that is subject to recoupment. If a satisfactory repayment plan can be completed in the 3 month period after recoupment ends, docketing the judgment can be further postponed as long as the debtor complies with the repayment plan.

To docket a JOL, the collection or accounting officer must:

- 1.

Complete a Notice of Entry of Judgment for the JOL, an Affidavit of Default, an Affidavit of Identification and an Affidavit of Non-Military Status. A combined affidavit can include all of these features. Use Judgment by Operation of Law Notice of Entry of Judgment and Affidavit of Default and Affidavit of Identification Affidavit of Non-Military Status (DHS-5290E), (Combined Affidavit of JOL Entry and Default).

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STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
<DISTRICT #> JUDICIAL DISTRICT  
CASE TYPE 14 - OTHER CIVIL

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_ Plaintiff(s)  
VS.  
<CLIENT'S FULL NAME> Defendant  
Court File No. \_\_\_\_\_

**Judgment by Operation of Law  
Notice of Entry of Judgment and  
Affidavit of Default and  
Affidavit of Identification  
Affidavit of Non-Military Status**

NOTICE IS HEREBY SERVED UPON YOU by United States mail that filing is being made with the Court Administrator of a Notice of Entry of Judgment and an Affidavit of Default for failure to pay a Public Assistance overpayment pursuant to Minnesota Statutes, Section 256.0471. You may request a hearing on the issue of whether the amounts claimed owing have been paid and to seek to vacate the Judgment. When these documents are filed, Judgment will be entered and docketed against you in favor of the State of Minnesota. County of \_\_\_\_\_, in the amount of \$ \_\_\_\_\_. The Judgment will constitute a lien against your real property.

<worker name> being first duly sworn on oath deposes and says:  
That your affiant is an agent for the Judgment Creditor herein.  
That to the best of your affiant's knowledge information and belief, the full name of the Defendant in this action is <client name(s)>, the occupation of the Defendant is <occupation or "unknown" if not known>, the Defendant resides at <address>, <city>, <state>, <ZIP code>. The Defendant's post office address is <mailing address>, <city>, <state>, <ZIP code>. The defendant is not in the United States Armed Services. The Plaintiff(s) in this action are the State of Minnesota, County of \_\_\_\_\_. The Plaintiff's address is <county/agency address>, <city>, <state>, <ZIP code>.

That the Defendant(s) has/have not paid his/her public assistance overpayment. That during the time period <start date of claim> through <end date of claim>, the Defendant(s) failed to pay the full amount due; payments due were \$ <\$ of claim>, the amount paid was \$ \_\_\_\_\_. The amount unpaid is \$ \_\_\_\_\_. The unpaid amount is \$ \_\_\_\_\_. Said amount is due and payable to the Plaintiff(s), State of Minnesota, County of \_\_\_\_\_.

FURTHER YOUR AFFIANT SAITH NOT

Sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature & Title

X  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Stamp

<worker name>  
<worker title>  
Collections Department on behalf of \_\_\_\_\_ County

JUDGMENT BY OPERATION OF LAW Attachment D

STATE OF MINNESOTA  
DISTRICT COURT  
COUNTY OF: WATONWAN  
DISTRICT

5<sup>TH</sup> JUDICIAL

STATE OF MINNESOTA  
COUNTY OF WATONWAN  
715 2<sup>ND</sup> AVE SOUTH  
ST.JAMES, MN 56081  
Plaintiff(s)

vs.

Defendant(s)

JUDGMENT BY OPERATION OF LAW  
NOTICE OF ENTRY OF JUDGMENT AND  
AFFIDAVIT OF DEFAULT AND  
AFFIDAVIT OF IDENTIFICATION  
AFFIDAVIT OF NON-MILITARY STATUS  
COURT FILE NO.:

NOTICE IS HEREBY SERVED UPON YOU by United States mail that filing is being made with the Court Administrator of a Notice of Entry of Judgment and an Affidavit of Default for failure to pay a Public Assistance overpayment, pursuant to Minnesota Statutes, Section 256.0471. You may request a hearing on the issue of whether the amounts claimed owing have been paid and seek to vacate the Judgment. When these documents are filed, Judgment will be entered and docketed against you in favor of the State of Minnesota, County of Watonwan, in the amount of \$ 632.31. The Judgment will constitute a lien against your real property.

Nancy Menssen being first duly sworn on oath deposes and says:

That your affiant is an agent for the Judgment Creditor herein.

That to the best of your affiant's knowledge, information and belief, the full name of the Defendant in this action is \_\_\_\_\_, the occupation of the Defendant is unknown, the Defendant resides at \_\_\_\_\_, the Defendant's post office address is \_\_\_\_\_, the Defendant is not in the United States Armed Services.

The Plaintiffs in this action are the State of Minnesota, County of Watonwan. The Plaintiff's address is 715 2<sup>nd</sup> Ave. South, St. James, MN 56081.

That the Defendant(s) has/have not paid his/her public assistance overpayment. That during the time period 03/01/14 through 06/30/14, the Defendant(s) failed to pay the full amount due; payments due were \$ 632.31, the amount paid was \$ 0.00.

The amount unpaid is \$ 632.31. Said amount is due and payable to the Plaintiff, State of Minnesota, County of Watonwan.

Subscribed and sworn to before me

this \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_\_

behalf of

Notary Public

Signature

Nancy Menssen

Name

Collections Department on

Watonwan County

- 2 Send a copy of the [Judgment by Operation of Law Notice of Entry of Judgment and Affidavit of Default and Affidavit of Identification Affidavit of Non-Military Status \(DHS-5290E\)](#) by first class mail to the debtor at the address where the JOL notice was received. If the debtor has since moved, mail a copy to the new address. Complete a notarized [Affidavit of Service by Mail \(DHS-5290D\)](#) that the DHS-5290E has been mailed.
- 3 Affidavits can also be hand delivered to the debtor. Complete the appropriate [Affidavit of Service by Personal Service \(DHS-5290B\)](#) for a paid process server or [Affidavit of Personal Service \(DHS-5290C\)](#) for personal service by an agency worker.

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Page navigation: 1 / 1 50% Tools Fill & Sign Comment

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Form Title: Clear Form

Form Content:

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
<DISTRICT #> JUDICIAL DISTRICT  
CASE TYPE 14 - OTHER CIVIL

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

Plaintiff(s)

VS.

<CLIENT'S FULL NAME> \_\_\_\_\_

Defendant

Court File No. \_\_\_\_\_

**AFFIDAVIT OF SERVICE  
BY MAIL**

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS

<name of server> \_\_\_\_\_, Collection Officer for the County of \_\_\_\_\_,  
Office of \_\_\_\_\_ County Human Services in the city of \_\_\_\_\_,  
<city> \_\_\_\_\_, state of Minnesota, being duly sworn, states that on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, s/he served the attached Judgment by Operation of Law, Notice of Entry of  
Judgment, and Affidavit of Default and Affidavit of Identification and Affidavit of Non-Military Status on  
<client's full name> \_\_\_\_\_, the Defendant in this action, by mailing to Defendant a true  
and correct copy thereof, enclosed in an envelope, first class postage prepaid, and by depositing same in the  
United States mail at <city/town> \_\_\_\_\_, Minnesota, directed to said Defendant at  
<defendant street address> \_\_\_\_\_, <defendant city> \_\_\_\_\_,  
<state> \_\_\_\_\_, <ZIP code> \_\_\_\_\_ the last known address of said Defendant.

Sworn/affirmed to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

Notary's Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Stamp: \_\_\_\_\_

<name of agency worker> \_\_\_\_\_

<worker title> \_\_\_\_\_

JUDGMENT BY OPERATION OF LAW

Attachment E

Tools: Highlight Existing Fields

Fill & Sign Tools:

- Add Text
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- Place Initials
- Place Signature

Send or Collect Signatures

Work with Certificates

STATE OF MINNESOTA  
DISTRICT COURT  
COUNTY OF: WATONWAN  
DISTRICT

5<sup>TH</sup> JUDICIAL

STATE OF MINNESOTA  
COUNTY OF WATONWAN  
715 2<sup>ND</sup> AVE SOUTH  
ST.JAMES, MN 56081  
Plaintiff(s)

AFFIDAVIT OF SERVICE BY MAIL  
Court File No: \_\_\_\_\_

vs.

Defendant(s)

STATE OF MINNESOTA }  
COUNTY OF WATONWAN } ss.

Nancy Menssen, Collection Officer for the County of Watonwan, Office of  
Watonwan County Human Services in the city of St. James, state of Minnesota, being duly  
sworn, states that on the  
24<sup>th</sup> day of September, 20 14, she served the attached Judgment by Operation of  
Law, Notice of entry of Judgment, and Affidavit of Default and Affidavit of Identification  
and Affidavit of Non-Military Status on \_\_\_\_\_, the Defendant in this action, by  
mailing to Defendant a true and correct copy thereof, enclosed in an envelope, first class  
postage prepaid, and by depositing same in the United States mail at St. James, Minnesota,  
directed to said Defendant at \_\_\_\_\_ the last known address of said Defendant.

Signature

Nancy Menssen  
Name

Subscribed and sworn to before me  
behalf of  
this day \_\_\_\_, of \_\_\_\_, 20\_\_\_\_

Collections Department on  
Watonwan County

Notary Public



4 Route the following documents to the court administrator, making certain  
that you send the original documents:

- The signature (green) card from the certified mail if that was the method of delivery.

I send a copy of the green signature card

- The JOL overpayment notice.
- The Affidavit of Service of the initial JOL notice. ([Affidavit of Service by Certified Mail \(DHS-5290A\)](#), [Affidavit of Service by Personal Service \(DHS-5290B\)](#), or [Affidavit of Personal Service \(DHS-5290C\)](#)).
- The Combined Affidavit of JOL Entry and Default. ([Judgment by Operation of Law Notice of Entry of Judgment and Affidavit of Default and Affidavit of Identification Affidavit of Non-Military Status \(DHS-5290E\)](#)).
- The Affidavit of Service for Combined Affidavit of JOL Entry and Default. ([Affidavit of Service by Mail \(DHS-5290D\)](#)).



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- Place Initials
- Place Signature

► Send or Collect Signatures

► Work with Certificates

**Clear Form**

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STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
<DISTRICT #> JUDICIAL DISTRICT  
CASE TYPE 14 - OTHER CIVIL

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

Plaintiff(s)

VS.

<CLIENT'S FULL NAME> \_\_\_\_\_

Defendant

Court File No. \_\_\_\_\_

**AFFIDAVIT OF SERVICE  
BY CERTIFIED MAIL**

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS

<name of agency worker> \_\_\_\_\_, being first duly sworn, deposes and says that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served the attached Notice of Overpayment upon <client's full name> \_\_\_\_\_, the Defendant in this action, by placing a true and correct copy thereof in an envelope, certified mail, first class postage prepaid, return receipt requested and by depositing same in the United States mail at <city/town> \_\_\_\_\_, Minnesota, directed to said Defendant at <street address> \_\_\_\_\_, <city> \_\_\_\_\_, <state> \_\_\_\_\_, <ZIP code> \_\_\_\_\_, the last known address of said Defendant.

Sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: <X>

My commission expires: \_\_\_\_\_

Stamp: \_\_\_\_\_

<name of agency worker> \_\_\_\_\_  
<worker title> \_\_\_\_\_

JUDGMENT BY OPERATION OF LAW Attachment A

STATE OF MINNESOTA  
DISTRICT COURT  
COUNTY OF: WATONWAN  
DISTRICT

5<sup>TH</sup> JUDICIAL

STATE OF MINNESOTA  
COUNTY OF WATONWAN  
715 2<sup>ND</sup> AVE SOUTH  
ST.JAMES, MN 56081  
Plaintiff(s)

AFFIDAVIT OF SERVICE  
BY CERTIFIED MAIL  
Court File No. \_\_\_\_\_

vs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s)

STATE OF MINNESOTA }  
COUNTY OF WATONWAN } ss.

\_\_\_\_\_  
Nancy Menssen, being first duly sworn, deposes and says that on the 19<sup>th</sup>  
\_\_\_\_ day of  
June, 20 14, Watonwan County Human Services Collection Officer served the attached  
Notice of Overpayment upon \_\_\_\_\_, the Defendant in this action, by placing a true  
and correct copy thereof in an envelope, certified mail, first class postage prepaid, return receipt  
requested and by depositing same in the United States mail at St. James, Minnesota, directed  
to said Defendant at \_\_\_\_\_, the last known address of said Defendant at  
that time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Nancy Menssen

\_\_\_\_\_  
Name

Subscribed and sworn to before me  
behalf of  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Collections Department on  
Watonwan County

\_\_\_\_\_  
Notary Public

Upon completing the JOL docketing, the court administrator should provide notice to the agency that indicates:

- A JOL was established.
- The county where the judgment is docketed.
- The court file number.
- The docket number, if given.
- The docket date.
- The dollar amount docketed.

Fill in this information in CCOL/JGMT when you get docketing notification from your court admin.

08/26/14 13:19:04                      MAXIS                      FMMCUAM1  
Judgment Maintenance and Tracking - By Person and Claim (JGMT)

Person SSN: 000 00 0000 Claim: 444444\_\_\_\_ CLIENT,JOE

	Clm	Estab	Period	Claim	Clm	Original	
	Prog	St	Typ	Date	From	To	Balance Co Case
_	FS	2	D	02/08/13	06/12	12/12	936.00 83 333333 CLIENT,JOE

Notice Produced: 02 11 13

Notice Delivered: 03 05 13                      # Days Remaining: \_\_\_\_ Appeal Filed (Y/N): N

Notice Returned by P.O/Sheriff: \_\_\_\_ \_

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Judgment Type: **AJ** Docket Co: **83** Court File Nbr: **83-CV-13-000**\_\_\_\_  
Docket Nbr: \_\_\_\_\_ Docket Dt: 08 28 13 Amt Docket for Jgmt:\$ **936.00**  
Joint Resp. (Y/N) **N** Share Ratio: **1 / 1** Interest (Y/N): N Satisf.Dt: \_\_\_\_ \_  
Partial Satisfaction Date: \_\_\_\_ \_ Partial Satisfaction Amt: \_\_\_\_0.00

Curr Function: CCOL Case Nbr: \_\_\_\_\_ Month: 08 14 Command: \_\_\_\_ \_  
Claim Co:    Claim Pw:                      Name:                      User: X183533  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
              HELP PMI EXIT                      PREV NEXT EDIT OOPS TRBL INFO

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Sound complicated????

JOL abc's ....and d

- A. Send notice Certified
- B. Wait 90 days
- C. Fill out 3 forms
- D. Send copies of 3 forms to Court Admin with certified receipt