

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

Estate of \_\_\_\_\_,

**Decedent**

**PETITION FOR FAMILY MAINTENANCE**

I, \_\_\_\_\_, state:

1. My address is: \_\_\_\_\_.
2. I am an interested person as defined by Minnesota law because I am: \_\_\_\_\_.
3. The Decedent was survived by a spouse, \_\_\_\_\_,  
and the following minor or dependent children whose names and ages are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
4. Decedent's Estate is ☐ solvent ☐ insolvent.
5. A reasonable and necessary family maintenance of \$ \_\_\_\_\_ should be paid to and for the  
use and benefit of Decedent's surviving spouse and minor or dependent children constituting the family of  
Decedent.

**WHEREFORE**, I request the Court:

1. Fix a time and place for a hearing on this Petition;
2. Enter an Order directing the payment of a family maintenance in the amount of \$ \_\_\_\_\_  
per month commencing on \_\_\_\_\_; and
3. Grant such other relief as may be proper.

Under penalties for perjury, I declare or affirm that I have read this document and I know or believe its  
representations are true and complete.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

Attorney for Petitioner

Name \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Attorney License No: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

SAMPLE  
DOCUMENT