

**State of Minnesota**

**District Court**

County Ramsey

Judicial District: Second

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

In regard to the case of:

\_\_\_\_\_  
Name of Petitioner

**Notice of Motion and Motion  
for Temporary Relief**

And

\_\_\_\_\_  
Name of Respondent

To:  Petitioner  Respondent

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Address Apt. No.

\_\_\_\_\_  
City County State Zip Code

**NOTICE**

I will ask the court for the things stated in my motion (below) at a hearing scheduled as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Courthouse address: \_\_\_\_\_

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

NOTE: Please contact the court with your current phone number and mailing address in case they need to notify you of any location or date/time change.

**MOTION**

1. Temporary legal custody of the child(ren) should be granted (check A or B):

A.  Joint legal custody to both parents

B.  Sole legal custody to  me  the other parent

Legal Custody means which parents have a say in the major decisions regarding the joint child(ren)'s lives including education, religious upbringing, and medical treatment.

2. Temporary physical custody of the child(ren) should be granted (check A or B):

A.  Joint physical custody to both parents

B.  Sole physical custody to  me  the other parent

Physical custody identifies which parents will handle the routine daily care and control of the joint child(ren).

3. Temporary parenting time:

A. It is in the best interests of the child(ren) that:

1) My parenting time with the child(ren) be (check one):

unsupervised  supervised  reserved

2) The other parent's parenting time with the child(ren) be (check one):

unsupervised  supervised  reserved

B. Temporary parenting time should be scheduled as follows:

(Clearly explain the time each parent will spend with each child. Include the time during the day when the child(ren) will transfer from one parent to the other. You may also want the order to say who will pick up and drop off the child(ren)).

Regular schedule:

Monday through Friday:

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Weekends:

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Summer (if you want a different schedule in summer):

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Telephone contact with the child(ren):  Unlimited or  Only at certain times as follows (describe the days and times when the parent and child(ren) may have telephone

contact): \_\_\_\_\_  
\_\_\_\_\_

Other exceptions to the regular schedule: \_\_\_\_\_  
\_\_\_\_\_

Under the above schedule: (Please be as precise as possible. The amount of overnights each party has may affect your child support)

The annual number of overnights for me is \_\_\_\_\_. The annual number of overnights for the other parent is \_\_\_\_\_.

OR

I have \_\_\_\_\_% of annual overnights with the child(ren) and the other parent has \_\_\_\_\_% of annual overnights with the child(ren).

4. Temporary child support should be paid as follows (check A or B and one option in C):

A.  The other party should pay me temporary child support pursuant to the child support guidelines.

B.  The other party should pay me temporary child support in the amount of \_\_\_\_\_, which is a deviation from the child support guidelines.

C. The monthly amount should be:

1)  Automatically withheld from the other party's wages or salary and paid to me according to Minn. Stat. 518A.53. To start income withholding, Petitioner or Respondent must apply for IV-D services or income withholding-only services at the Child Support office in the County where the child(ren) live. Until income withholding starts, the person owing support shall pay the other parent directly.

OR

2)  Paid directly by the parent owing the child support to the parent receiving the child support, payable on the \_\_\_\_\_ day of each month.

5. The other party should go to an evaluation or to counseling.

Yes  No

If Yes, the evaluation and counseling is for (check all that apply):

A.  Alcohol use;

B.  Drug use;

C.  Anger management or domestic abuse;

D.  Other: \_\_\_\_\_

6. The court should grant the additional relief: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. The court should grant other additional relief that is fair and just.

The grounds for this Motion are as stated in the Affidavit in Support of Motion for Temporary Relief, which will accompany this Motion.

### NOTICE TO THE OTHER PARTY

The Rules establish deadlines for responding to motions. All responsive pleadings shall be served and filed with the court administrator no later than 7 days before the scheduled hearing. The court may, in its discretion, disregard any responsive pleadings served or filed with the court administration less than 7 days before such hearing in ruling on the motion or matter in question.

According to Minnesota General Rules of Practice, Rule 303.01(c), after you receive these papers, if you want to respond to anything raised by the other party in his/her papers, your written response:

- Must be served on the other party:
  - **At least 7 days before** the hearing if personally served, or
  - **At least 10 days before** the hearing if mailed to the other party.
- Must be filed with the District Court Administrator **at least 7 days before** the hearing.

According to Minnesota General Rules of Practice, Rule 303.03(a)(2), if you want to raise **new** issues at the hearing the other party has scheduled, your written response:

- Must be served on the other party:
  - **At least 14 days before** the hearing if personally served, or
  - **At least 17 days before** the hearing if mailed to the other party.
- Must be filed with the District Court Administrator **at least 14 days before** the hearing.

## ACKNOWLEDGEMENTS

By presenting this form to the court, I certify that to the best of my knowledge, information, and belief, the following statements are true. I understand that if a statement is not true, the court can order a penalty against me (such as to pay money to the other party, pay court costs, and/or other penalties).

1. The information I included in this form is based on facts and supported by existing law.
2. I am not presenting this form for any improper purpose. I am not using this form to:
  - a. Harass anyone;
  - b. Cause unnecessary delay in the case; or
  - c. Needlessly increase the cost of litigation.
3. No Judicial Officer has said I am a frivolous litigant.
4. There is no court order saying I cannot serve or file this form.
5. This form does not contain any “restricted identifiers” or confidential information as defined by Rule 11 of the General Rules of Practice or the Rules of Public Access to Records of the Judicial Branch.
6. If I need to file “restricted identifiers,” confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
County and State where signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail address

**State of Minnesota**

**District Court**

County Ramsey

Judicial District: Second

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

In regard to the case of:

\_\_\_\_\_  
Name of Petitioner

And

\_\_\_\_\_  
Name of Respondent

**Affidavit in Support of Motion  
for Temporary Relief**

My name is \_\_\_\_\_ and I state that:

1. I am the (check one):  Petitioner  Respondent, and I make this Affidavit in support of my Motion for Temporary Relief.
2. A child protection case involving any or all of the child(ren) in this case:
  - Is not taking place in any county or state.
  - Is taking place in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the file number is \_\_\_\_\_.
3. An Order for Protection involving me and the other party and/or the child(ren):
  - Does not exist in any county or state.
  - Does exist in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the file number is \_\_\_\_\_. A copy of the Order for Protection is attached.
4. The other party and I have the following child(ren) together:

<b>Name of the Child (First, Middle, Last)</b>	<b>Date of Birth (Mo/Day/Year)</b>	<b>Age</b>

For additional children, use a separate sheet of paper.

5. The child(ren) currently live with:

me  the other parent  Other \_\_\_\_\_  
Name

Who is the child(ren)'s  Mother  Father  Other relation to the child(ren).

The address of the child(ren) is: \_\_\_\_\_

in the City of \_\_\_\_\_ State of \_\_\_\_\_ Zip Code \_\_\_\_\_

For Questions 6-12: Attach additional pages if more space is needed. If you have any supporting documentation, it must be attached to this Affidavit in Support of Motion as Exhibits. You will not be able to show the judicial officer this documentation at the hearing unless it is included as part of this Affidavit in Support of Motion.

6. I believe that my request for temporary legal custody is in the best interest of the child(ren) because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I believe that my request for temporary physical custody is in the best interest of the child(ren) because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. I want the court to grant temporary parenting time:

A. My parenting time with the child(ren) be (check one):

unsupervised  supervised  reserved

B. The other parent's parenting time with the child(ren) be (check one):

unsupervised  supervised  reserved

C. I believe supervised parenting time is in the best interest of the child(ren) because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is in the best interests of the child(ren) that supervision of parenting time be arranged as follows: (State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. I believe reserved parenting time is in the best interest of the child(ren) because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I believe the parenting time schedule in my Motion is in the child(ren)'s best interest because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. I am asking the court to decide temporary child support:

I filled out the Financial Affidavit for Child Support and will include it with my Affidavit in Support of Motion.

The facts supporting a deviation from the child support guidelines are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. I am asking for the other party to go to an evaluation or to counseling because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. I am asking the court for additional relief because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
County and State where signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail address

**State of Minnesota**

**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

**In Re the Marriage of:**

\_\_\_\_\_

**Financial Affidavit for  
Child Support**

\_\_\_\_\_  
Petitioner (first, middle, last)

and

\_\_\_\_\_  
Respondent (first, middle, last)

\_\_\_\_\_  
Intervenor

My name is \_\_\_\_\_ . I am the

Petitioner  Respondent in this case, and I state the following information:

1. I am the parent of \_\_\_\_\_ joint children who are the subject of this court action.

2. My sources of income are:

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)		Social Security Received (social security disability, retirement, survivors' benefit)	
Self-Employment		Child's Derivative Social Security or Veteran's Benefits	
Unemployment Benefits		Workers' Compensation	
Commissions		Pension or Annuity Payments	
Spousal Maintenance Recieved		Military and Naval Retirement	
		Other source of income (list source below)	
<b>Total monthly income received:</b>			

3. Proof of my income is attached to Form 11.2 and supports this Financial Affidavit.

4. Number of non-joint children who live in my home: \_\_\_\_\_

5. Spousal Maintenance I am court ordered to pay: \_\_\_\_\_ per month  
A copy of the court order is attached as proof.

6. Child support I am court ordered to pay for non-joint children  
and who do not live in my home: \_\_\_\_\_ per month  
A copy of the court order is attached as proof.

7. Health care coverage information (*check one or more that apply*)

I have health care coverage for the joint children **in place**. This  does  does not include dental coverage.

The cost of monthly health care coverage for myself: \_\_\_\_\_ per month.

The cost of monthly health care coverage for the joint children \_\_\_\_\_ per month.

I have health care coverage for the joint children available. This  does  does not include dental coverage.

The cost of monthly health care coverage for myself: \_\_\_\_\_ per month.

The cost of monthly health care coverage for the joint children \_\_\_\_\_ per month.

To my knowledge, the joint children receive Medical Assistance/MinnesotaCare.

8. Child care information (check one)

There are child care expenses for the joint children in the amount of \_\_\_\_\_ per month.

There are no monthly child care expenses for the joint children.

I am unaware of any monthly child care expenses for the joint children.

9. There is a court order for parenting time with the joint children  Yes  No

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

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

\_\_\_\_\_  
County and State where signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City/State/Zip:

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

\_\_\_\_\_  
E-mail address: