

THIS FORM MUST BE COMPLETED IN ENGLISH
(YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV)

State of Minnesota
Xeev Minnesota

District Court
Cheeb Tsam Tsev Hais Plaub

County of
Cheeb Nroog ntawm

Judicial District:
Txhooj Hais Plaub _____
Court File Number:
Zauv Cim Rooj Plaub _____
Case Type:
Hom Plaub Ntug

In Re the Marriage of:
Qhov Kev Sib Yuav ntawm:

Petitioner
Tus Neeg Foob

And
thiab

Respondent
Tus Neeg Raug Foob

Intervenor
Tus Kws Cuam Tshuam

**Affidavit in Support of Motion
to Modify Child Support**
*Tsab Ntawv Pov Thawj Txhawb Kev
Thov Hloov Nyiaj Yug Noj Yug Haus
Me Nyuam*

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

XEEV MINNESOTA
CHEEB NROOG NTAWM _____)SS
(Lub Cheeb Nroog uas Kos Npe Rau Tsab Ntawv Pov Thawj)

I state, under oath, that the following information is true and correct to the best of my knowledge.
*Kuv tsa tes rau lub ntuj lees tias cov ncauj cus nram no yeej muaj tseeg thiab yog raws li kuv
muaj rab peev xwm paub tau.*

1. My name is _____. In this case, I am the
 Obligor (*paying child support*)
 Obligee (*receiving child support*)

*Kuv lub npe yog _____ . Hauj rooj plaub no kuv yog
Tus Neeg Them Nyiaj (them nyiaj yug noj yug haus me nyuam)
Tus Txais Nyiaj Them (tau cov nyiaj yug noj yug haus me nyuam)*

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2. In this case, child support is for:

Hauv rooj plaub no, qhov nyiaj yug noj yug haus me nyuam yog rau:

Child's Name <i>Me Nyuam Npe</i>	Date of Birth <i>Hnub Yug</i>	Is there court -ordered parenting time? <i>Tsev hais plaub puas ntswj kom muaj sij hawm saib me nyuam?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Muaj</i> <input type="checkbox"/> <i>Tsis Muaj</i>

(Attach a page if more space is needed)

(Rhais ib nplooj ntawv ntxiv yog xav tau chaw sau ntxiv)

If you and the other parent have any other minor children together who are not part of this court case, write the children's names and dates of birth here:

Yog koj thiab tus niam txiv tog tod muaj lwm cov me nyuam me ua ke uas tsis txuam nrog rooj plaub no, sau cov me nyuam npe thiab hnub yug rau ntawm no: _____

Is there a support case open for any of these children? Yes No

Puas muaj cov rooj plaub sib hais txog nyiaj yug noj yug haus rau cov me nyuam no? Muaj Tsis Muaj

3. I ask the court to modify the current child support order. I will provide proof that there has been a substantial change in finances or other circumstances since the last court order. **I request a change in the current basic support order because of: (check all that apply)**

*Kuv thov lub tsev hais plaub kom hloov qhov nyiaj yug noj yug haus me nyuam lub sij hawm no. Kuv yuav muab pov thawj kev hloov loj ntawm nyiaj txiag los yog lwm cov xwm txheej txij li thaum tsev hais plaub ntswj tag los. **Kuv thov kom hloov cov kev yug noj yug haus vim yog: (kos txhua yam muaj feem xyuam)***

- Substantial change in gross income for me other party
Nyiaj hli hloov ntau heev rau kuv tog neeg tod
- Substantial change in needs for me other party children in this case

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Kev tu ncuu/nuj nqis hloov loj heev rau kuv tog neeg tod cov me nyuam hauh rooj plaub

- Change in receipt of public assistance for me other party
Nyiaj pab los ntawm tsoom fwm hloov rau kuv tog neeg tod
- Substantial change in cost-of-living for me other party
Nqi noj haus hloov ntau heev rau kuv tog neeg tod
- New, extraordinary medical or dental expenses for the child(ren) in this case
Cov me nyuam hauh rooj plaub no muaj nuj nqis tshiab ntau heev
- Change in receipt of social security benefits for me other party child
Cov nyiaj laus tuaj hloov rau kuv tog neeg tod tus me nyuam
- Change in the residence of the child(ren)
Tus (Cov) me nyuam chaw nyob hloov.
- Emancipation of a child (name of child):
Kev ywj siab ntawm tus me nyuam: _____

4. I make the following other comments in support of my request for a change to the existing basic support order: *(Explain the items you checked at #3. For example, why have living expenses gone up or down? Attach documents or bills that help to prove what you are saying.)*

Kuv teev cov lus nram no txhawb kuv cov lus thov hloov qhov nyiaj yug noj yug haus uas muaj tam sim no: (Piav qhia cov koj kos rau ntawm nqe 3. Piv txwv, vim li cas nqi noj nqi haus tias li nce los yog poob? Rhais cov ntaub ntawv los yog ntawv nqi uas yuav ua pov thawj rau koj cov lus.)

*If you need more space, attach a sheet of paper.
Yog koj xav tau chaw sau ntxiv, rhais ib nplooj ntawv nrog.*

5. **I ask the court to change the current order for health care support for the children:**

Yes No If no, skip to #6.

Kuv thov kom lub tsev hais plaub hloov txoj kev ntswj kom muaj kev pov hwm them nqi kho mob rau cov me nyuam: Yog Tsis Yog Yog tias tsis yog, hla mus rau nqe 6.

- a) Currently, the child(ren) have health care coverage as follows:

Tam sim no, tus (cov) me nyuam muaj kev pov hwm them nqi kho mob raws li nram no:

Minnesota Care or Medical Assistance

Kev Them Nqi Kho Mob Minnesota Care los yog Kev Pab Them Nqi Kho Mob Medical Assistance

No coverage

Tsis muaj kev pov hwm

I provide coverage

Kuv muas kev pov hwm

Other parent provides coverage

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Tog niam txiv tod muas kev pov hwm

Other: _____

Lwm yam:

b) I want to change the way health care coverage is provided for the child(ren). (*Explain what you want changed, and why*)

Kuv xav hloov txoj kev tus (cov) me nyuam tau kev pov hwm them nqi kho mob. (Piaiv qhia seb koj xav hloov dab tsi thiab yog vim li cas) _____

c) Health care coverage is available for the child(ren) through my work or union:

YES NO If Yes, answer the following:

Kuv qhov chaw ua hauj lwm los yog lub koom haum muaj kev pov hwm them nqi kho mob pab rau tus (cov) me nyuam:

YOG TSIS YOG *Yog tias Yog, teb cov lus nram no:*

i. Cost of monthly health care coverage for self: \$ _____

Nqi muas kev pov hwm them nqi kho mob rau tus kheej ib hlis twg yog:

ii. Cost of monthly health care coverage for dependents: \$ _____

Nqi muas kev pov hwm them nqi kho mob rau cov me nyuam ib hlis twg yog:

iii. Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ _____

Nqi muas kev pov hwm them nqi kho hniav rau tus kheej ib hlis twg (yog txawv ntawm kev them nqi kho mob) yog:

iv. Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ _____

Nqi muas kev pov hwm them nqi kho hniav rau cov me nyuam ib hlis twg (yog txawv ntawm kev them nqi kho mob) yog:

If coverage is not available through your work, have you checked on the cost of buying private insurance to cover the health needs of the child(ren)? YES NO

If yes, what is the cost? \$ _____ per month.

Yog koj qhov chaw hauj lwm tsis muaj kev pov hwm rau koj, koj puas tau tshawb seb nqi muas kev pov hwm them nqi kho mob rau tus (cov) me nyuam raug li cas? TAU

TSIS TAU

Yog tau, qhov nqi yog li cas? \$ _____ ib hlis twg.

6. **I ask the court to change the court order for Child Care/Day Care Obligation:**

Yes No If no, skip to #7.

Kuv thov lub tsev hais plaub hloov txoj Kev Them Nqi Zov Me Nyuam/Chaw Zov Me

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Nyuam: **Yog** **Tsis Yog** *Yog tias tsis yog, hla mus rau nqe 7.*

a) I am asking for a new order regarding child care/day care expenses because:
Kuv thov kom muaj ntawv ntswj cov nqi zov me nyuam/chaw zov me nyuam vim:

There is no court ordered child care obligation and I have child care expenses.
Tsev hais plaub tsis tau ntswj kom them nqi zov me nyuam thiab kuv yeej muaj cov nqi them zov me nyuam.

The cost of child care has changed. It has increased decreased.
Qhov nqi zov me nyuam hloov lawm. Nws nce lawm nqis lawm.

County assistance with child care expenses has changed.
Cheeb nroog kev pab them nqi zov me nyuam tau hloov lawm.

b) I need a change in the child care support order because: *(Use this space to explain what has changed and how that impacts the costs)*
Kuv xav kom hloov qhov nyiaj yug noj yug haus rau me nyuam vim: (Siv qhov chaw no sau piav yam hloov lawm thiab seb nws tshuam nrog cov nqi li cas)_____

c) The **current** total monthly costs of child care are \$ _____
*Qhov nqi zov me nyuam ib hlis twg **tam sim** no yog*

d) If there is an existing court order for monthly child care expenses, state the court-ordered amount: \$ _____
Yog tsev hais plaub yeej ntswj kom them nqi zov me nyuam lawm, teev qhov nqi uas tsev hais plaub tau ntswj kom them:

Look at your current Child Support Order to answer the next questions. If you do not have your Order, contact Court Administration or go to the courthouse to get a copy. You need to prove that your circumstances today are significantly different than they were at the time of the last order, and that the changes make the current order unfair.

Saib ntawm koj Tsab Ntawv Ntswj Nyiaj Yug Noj Yug Haus Me Nyuam los teb rau cov nqe lus nug nram no. Yog koj tsis muaj koj Tsab Ntawv Ntswj, hu rau Tus Neeg Lis Dej Num Hauv Tsev Hais Plaub los yog mus luam ib tsab hauv tsev hais plaub. Koj yuav tau muaj pov thawj qhia tias hnuv no koj cov xwm txheej hloov loj heev tshaj thaum ua tsab ntawv ntswj, thiab cov kev hloov ua muaj kev tsis ncaj ncees tam sim no.

7. The existing support order was issued by the court in _____County and is dated _____.

Lub tsev hais plaub uas muab tsab ntawv ntswj nyiaj yug noj yug haus tam sim no yog hauv lub Cheeb Nroog _____ thiab muab thaum _____.

8. At the time the existing order was issued **I** was:

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Thaum lub caij muab tsab ntawv ntswj tam sim no kuv:

- Unemployed
Tsis ua hauj lwm
- Employed at _____ (company or occupation) with a monthly gross income of \$_____ from this employment.
Ua hauj lwm rau _____ (lag luam npe los yog txoj hauj lwm) tau nyiaj hli \$_____ los ntawm txoj hauj lwm no.

I had other monthly gross income totaling \$_____ or none from _____ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
Kuv muaj lwm cov nyiaj hli tag nrho yog \$_____ los yog tsis dab tsi los ntawm _____ (sau tag nrho cov hom nyiaj xws li nyiaj poob hauj lwm, nyiaj raug mob tom hauj lwm, nyiaj laus los yog lwm hom nyiaj).

9. At the time the existing order was issued **the other parent** was:
Thaum lub caij muab tsab ntawv ntswj tam sim no, tog niam txiv tod:

- Unemployed
Tsis ua hauj lwm
- Employed at _____ (company or occupation) with a monthly gross income of \$_____ from this employment.
Ua hauj lwm rau _____ (lag luam los yog txoj hauj lwm) tau nyiaj hli \$_____ los ntawm txoj hauj lwm no.
- The order does not include this information, or I don't know this information.
Tsab ntawv ntswj tsis muaj cov ncauj lus, los yog kuv tsis paub cov xov xwm no.

The other parent had other monthly gross income totaling \$_____ or

None or I don't know from: _____

(list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
Tog niam txiv tod muaj lwm cov nyiaj hlis tau tag nrho yog \$ _____ los yog Tsis Muaj los yog Kuv tsis paub los ntawm: _____ (sau tag nrho cov hom nyiaj xws li nyiaj poob hauj lwm, nyiaj raug mob tom hauj lwm, nyiaj laus los yog lwm hom nyiaj)

10. At the time the existing order was issued, the child(ren) listed above at #2 received social security or veteran's benefits in the amount of: None OR \$ _____ per month based on my disability other parent's disability. This amount is paid to me other parent.

Thaum lub caij muab tsab ntawv ntswj, tus (cov) me nyuam teev muaj saum no ntawm npe 2 tau nyiaj laus los yog nyiaj qub tub rog: Tsis Tau LOS YOG \$ _____ ib hlis twg raws li kuv txoj kev tsis taus tog niam txiv tod txoj kev tsis taus. Qhov nyiaj no yog them rau kuv tog niam txiv tod.

Current Information About Me
Xov Xwm Txog Kuv Tam Sim No

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11. I am currently (*check all that apply*):
 Married Separated Divorced Living with a companion Single
Tam sim no kuv (kos txhua yam muaj feem xyuam):
 Sib yuav Sib cais Sib nrauj Nyog ua ke nrog ib tug khub Ib leeg
12. I am currently employed unemployed (*if employed, answer the following*):
Tam sim no kuv *ua hauj lwm* *tsis ua hauj lwm (yog ua hauj lwm, teb cov nram no):*
- a. Employer: _____
Chaw ua hauj lwm:
- b. Address: _____
Chaw nyob:
- c. Work telephone number: _____
Chaw hauj lwm tus xov tooj:
- d. Occupation /Type of work: _____
Txoj hauj lwm/Hom hauj lwm:
- e. Length of employment: _____
Ua hauj lwm ntev npaum cas:
- f. Supervisor: _____
Thawj tswj xyuas hauj lwm:
- g. Gross Pay: \$_____ This does does not include overtime pay.
Nyiaj Them: \$_____ Qhov nyiaj no *xam* *tsis xam nyiaj ua hauj lwm tshaj.*
- h. Paid: Weekly Every other week Twice a month Monthly
Them: *Ib lim tiam ib zaug* *Ob lim tiam ib zaug* *Ob zaug ib hlis* *Ib hlis ib zaug*
- i. Previously employed by _____
for _____ years prior to the above employment.
Ua hauj lwm dhau los ntawm _____ tau _____ lub xyoo ua ntej txoj hauj lwm saum no.
13. I have the following additional sources of income:
(*Enter amount, or zero*)
Kuv muaj cov hom nyiaj txiag nram no ntxiv:
(*Sau qhov nyiaj los yog sau 0*)
- | | |
|--|--|
| Commissions \$ _____ | Pension Payments \$ _____ |
| <i>Cov nyiaj nqi tes</i> \$ _____ | <i>Peev Nyiaj So Hauj Lwm</i> \$ _____ |
| Annuity Payments \$ _____ | Unemployment Benefits \$ _____ |
| <i>Nyiaj Them Ib Xyoos Ib Zaug</i> \$ _____ | <i>Nyiaj Poob Hauj Lwm</i> \$ _____ |
| Military / Naval Retirement \$ _____ | Workers' Compensation \$ _____ |
| <i>Nyiaj Tub Rog/Nyiaj Tub Rog Hiav Txwv So</i> \$ _____ | <i>Nyiaj Raug Mob Hauv Hauj Lwm</i> \$ _____ |
| Spousal Maintenance Received \$ _____ | Disability Payments \$ _____ |
| <i>Nyiaj Yug Txij Nkawm Tau</i> \$ _____ | <i>Nyiaj Tsis Taus</i> \$ _____ |
- “RSDI” Social Security Retirement, Survivors or Disability Income (not SSI) \$ _____
“RSDI” Nyiaj So Laus, Nyiaj Yug Tus Ciaj Sia los yog Nyiaj Tsis Taus (tsis yog Nyiaj SSI) \$ _____

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Tribal or per capita income \$ _____
Nyiaj rau ib pab pawg los yog ib leej neeg \$ _____
Self-Employment \$ _____ Other \$ _____
Nyiaj Ua Hauj Lwm Rau Tus Kheej \$ _____ Lwm yam nyiaj \$ _____

14. **Proof of my income is attached to Form 11.2, which I will file with the court and serve on the other parent. (Attach pay stubs or tax return)**
Muaj ntawv pov thawj tau nyiaj rhais nrog rau Tsab Ntawv 11.2, uas kuv yuav zwm rau hauv tsev hais plaub thiab xa mus rau lwm tog niam txiv. (Rhais cov tw nyiaj los yog ntawv ua se nrog)

15. I receive (*check only if it applies*)
Kuv tau (tsuas kos yog muaj feem xyuam)

MFIP Medical Assistance (*Kev Pab The Nqi Kho Mob Medical Assistance*)
 MinnesotaCare (*Kev Them Nqi Kho Mob MinnesotaCare*)
 General Assistance (*Nyiaj Pab Txhua Yam*) SSI (*Nyiaj SSI*)
 Child Care Assistance (*Nyiaj Pab Them Nqi Zov Me Nyuam*)

16. The children currently receive social security or veteran's benefits in the amount of \$ _____ per month based on my disability the other parent's disability. This is paid to me other parent.
Tam sim no cov me nyuam tau nyiaj laus los yog nyiaj qub tub rog \$ _____ ib hlis twg raws li kuv txoj kev tsis taus tog niam txiv tod txoj kev tsis taus. Qhov nyiaj no yog them rau kuv tog niam txiv tod.

17. I am court ordered to pay monthly spousal maintenance.
 YES NO *If yes, how much?* _____
Tsev hais plaub ntswj kom kuv them nyiaj yug txiaj nkawm hlis.
 YOG TSIS YOG *Yog tias yog, them npaum li cas?*

18. In addition to the children at #2, I am the legal parent of another (nonjoint) minor child:
Yes No
Ntxiv rau tus me nyuam ntawm nqe 2, kuv yog tus niam txiv muaj cai tau lwm tus me nyuam (me nyuam tsis yog leeg txhawb) tsis yog ob leeg tau xyuas:
 Yog Tsis Yog

You are probably the legal parent if:

Koj yuav yog tus niam txiv muaj cai yog:

- You are the biological mother, and your parental rights have not been terminated*
Koj yog tus leej niam yug thiab koj txoj cai ua leej niam leej txiv tsis tau raug muab tshem tawm.
- You legally adopted the child*
Koj saws tus me nyuam raws kev cai lij choj
- You are the biological father, and your parental rights have not been terminated, and one of the following is true:*
Koj yog tus leej txiv yug, thiab koj txoj cai ua leej niam leej txiv tsis tau raug muab

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tshem tawm thiab ib nqe nram no muaj tseeb:

- *you were married to the mother when the child was conceived or born*
koj yuav tus leej niam thaum xeeb los yog yug tus me nyuam
- *you were found to be the father in a Paternity action*
sib foob Kev Yog Leej Txi pom tias koj yeej yog leej txiv tiag
- *you signed a Recognition of Parentage (ROP) or other legal document in which you and the mother acknowledged you are the father*
koj kos npe rau Tsab Ntawv Lees Paub Yog Niam Yog Txiv (ROP) los yog lwm cov ntawv lij choj uas koj thiab tus leej niam lees paub tias koj yeej yog tus leej txiv
- *you have a court order regarding child support for the child*
koj raug tsev hais plaub ntswj txog nyiaj yug noj yug haus rau tus me nyuam

List your nonjoint children (Do not list joint children you already listed at #2)

Teev qhia koj cov me nyuam tsis yog ob leeg txhawb (Tsis txhob sau cov me nyuam ob leeg txhawb uas twb teev rau nqe 2 lawm)

Child's Name (or "none") <i>Me Nyuam Npe (los yog tsis muaj)</i>	Date of Birth <i>Hnub Yug</i>	Court-ordered support you pay for this child* <i>Qhov nyiaj tsev hais plaub ntswj koj them rau tus me nyuam no*</i>	Does this child live in your home at least 50% of the time? <i>Tus me nyuam no puas nyob hauv koj lub tsev tsawg kawg li 50%?</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nyob <input type="checkbox"/> Tsis Nyob
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nyob <input type="checkbox"/> Tsis Nyob
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nyob <input type="checkbox"/> Tsis Nyob
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nyob <input type="checkbox"/> Tsis Nyob
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nyob <input type="checkbox"/> Tsis Nyob
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Nyob <input type="checkbox"/> Tsis Nyob

(Attach a page if more space is needed)

(Rhais ib nplooj ntawv ntxiv yog xav tau chaw sau ntxiv)

*If ordered to pay child support for any child listed above, provide copies of court orders.

*Yog raug ntswj them nyiaj yug noj yug haus rau ib tug me nyuam teev muaj npe saum no, luam tsev hais plaub cov ntswj nrog.

19. My monthly expenses at the present time are as follows *(If married, include total household expenses. List all your expenses, even if someone else helps pay them.):*

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Kuv cov nuj nqis ib hlis twg tam sim no muaj raws li nram no (Yog sib yuav lawm, qhia cov nuj nqis rau tag nrho tsev neeg. Sau tag nrho koj co nuj nqis txawm tias muaj lwm tus neeg pab koj them.):

	Monthly Payment at Present Time <i>Nqi Them Ib Hlis Twg Lub Sij Hawm No</i>
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent <input type="checkbox"/> <i>Nqi tsev los yog</i> <input type="checkbox"/> <i>Nqi khiab tsev nyob</i>	\$ _____
b. Real Estate Taxes, if not included in (a) <i>Nqi Se Av, yog tsis xam nrog nqe (a)</i>	\$ _____
c. Association Dues or Lot Rent (for property) <i>Nqi Koom Haum los yog Nqi Khiav Qua Tsev</i>	\$ _____
d. Insurance: <i>Nqi Pov Hwm:</i>	
Homeowners, if not included in (a) <i>Cov tswv tsev, yog tsis xam nrog nqe (a)</i>	\$ _____
Car <i>Tsheb</i>	\$ _____
Life <i>Neeg Siav</i>	\$ _____
e. Utilities: (Average Monthly Amount) <i>Nqi Vaj Nqi Tsev: (Kwv Yees Nqi Ib Hlis Twg)</i>	
Gas <i>Roj Zeb Ntsuam</i>	\$ _____
Electricity <i>Hluav Taws Xob</i>	\$ _____
Telephone <i>Xov Tooj</i>	\$ _____
Water and garbage <i>Dej thiab khib nyhiab</i>	\$ _____
Cable TV <i>Xaim Xov TV</i>	\$ _____
f. Food <i>Khoom noj</i>	\$ _____
g. Clothing <i>Khaub ncaws</i>	\$ _____
h. Laundry/dry cleaning <i>Ntxhua khaub ncaws/ntxhua qhuav</i>	\$ _____
i. Personal allowances and incidentals <i>Nyiaj faib rau tus kheej thiab cov teeb meem tshwm sim</i>	\$ _____
j. Magazine and newspapers <i>Phau ntawv xov xwm thiab cov ntawv xov xwm</i>	\$ _____
k. Uninsured / unreimbursed medical expenses <i>Cov nqi kho mob tsis muaj kev pov hwm/tsis ntxiv nyiaj rov</i>	\$ _____
l. Uninsured / unreimbursed dental expenses	\$ _____

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- Nqi kho hniav tsis muaj kev pov hwm/tsky ntxiv nyiaj rov*
- m. Child care expenses \$ _____
Cov nqi zov me nyuam
- n. Transportation expenses: \$ _____
Cov nqi tsheb thauj mus los
- Bus, Train, Taxi \$ _____
Tsheb npav, Tsheb Ciav Hlau, Tsheb Tavxis
- Car payment \$ _____
Nqi tsheb
- License \$ _____
Ntawv tso cai tsav tsheb
- Gasoline \$ _____
Roj tsheb
- Repair \$ _____
Kho tsheb
- o. Recreation/Entertainment \$ _____
Kev ua si/Kev lom zem
- p. Child(ren)'s needs (sports/school/hobbies) \$ _____
Tus (cov) me nyuam cov kev tu ncuu (ntaus pob ncaws pob/tsev kawm ntawv/kev ua si laug sij hawm)
- q. Allowances \$ _____
Cov nyiaj faib
- r. Other (list) _____ \$ _____
Lwm cov nqi (teev sau)

TOTAL MONTHLY EXPENSES: \$ _____
COV NUJ NQIS TAG NRHO IB HLIS TWG:

Charge accounts and loans (list):
Cov askhauj tsub nqi thiab cov nyiaj txais (teev sau):

<i>Name of Account/loan</i>	<i>Balance Owed</i>
<i>Askhauj Npe/nyiaj txais</i>	<i>Tiv Npaum Li Cas</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

(Attach a page if more space is needed)
(Rhais ib nplooj ntawv ntxiv yog xav tau chaw sau ntxiv)

20. The following people help me pay my current monthly expenses listed in question 19:
Tam sim no cov neeg nram no pab kuv them kuv cov nuj nqis uas teev rau nqe lus nug 19.
- Spouse Companion Roommate(s)

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Txij nkawm Neeg khub Tus (cov) Neeg Koom Them Nqi Nyob Ua Ke
 Relatives No One
Cov Txheeb Ze Tsis Muaj Neeg

21. The value of the property I currently own by myself or with someone else is:
Tus nqi ntawm tej teej tug uas kuv muas kuv tus kheej los yog muas nrog lwm tus neeg yog:
Home \$ _____
Lub Tsev
Household goods \$ _____
Khoom vaj khoom tsev muaj nqis
Purchase price of my home \$ _____
Kuv lub tsev tus nqi muas
Balanced owed on my home \$ _____
Tus nqi tiv ntawm kuv lub tsev muas
Other real estate \$ _____
Lwm cov av vaj tse
Checking/savings \$ _____
Cov nyiaj cia siv/nyiaj khaws tseg cia
Automobiles \$ _____ (year and make) _____
Cov tsheb \$ _____ (xyoo thiab hom tsheb)
Recreational vehicles \$ _____ (year and make) _____
Cov tsheb muas los siv ua si \$ _____ (xyoo thiab hom tsheb)
Personal property \$ _____
Khoom muaj nqi
Stocks/bonds/etc. \$ _____
Nyiaj tso ua lag luam/nyiaj qhaib ua lag luam/thiab tej nyiaj li ntawd

Current Information about Other Parent

Xov Xwm Tam Sim No Txog Tog Niam Txiv Tod

22. To the best of my knowledge, the other parent is currently:
 employed unemployed I don't know
Raws li kuv muaj rab peej xwm paub txog, tam sim no tog niam txiv tod:
 ua hauj lwm *tsis ua hauj lwm* *Kuv tsis paub*

(If employed, answer what you know)

(yog ua hauj lwm, teb cov nram no):

- a. Employer: _____
Chaw ua hauj lwm:
- b. Address: _____
Chaw nyob:
- c. Work telephone number: _____
Chaw hauj lwm tus xov tooj:
- d. Occupation /Type of work: _____
Txoj hauj lwm/Hom hauj lwm:
- e. Length of employment: _____

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- Ua hauj lwm ntev npaum cas:*
- f. Supervisor: _____
Thawj tswj xyuas hauj lwm:
- g. Gross Pay: \$ _____ This does does not include overtime pay.
Nyiaj Them: \$ _____ Qhov nyiaj no xam tsis xam nyiaj ua hauj lwm tshaj.
- h. Paid: Weekly Every other week Twice a month Monthly
Them: Ib lim tiam ib zaug Ob lim tiam ib zaug Ob zaug ib hlis Ib hlis ib zaug
- i. Previously employed by _____
for _____ years prior to the above employment.
Ua hauj lwm dhau los ntawm _____ tau _____ lub xyoo ua ntej txoj hauj lwm saum no.
23. To the best of my knowledge, the other parent has the following additional sources of income: *(enter amount, or zero)*
Raws li kuv muaj rab peej xwm paub txog, tog niam txiv tod muaj muaj cov hom nyiaj txiag nram no ntxiv: (Sau qhov nyiaj los yog sau 0)
- Commissions \$ _____ Pension Payments \$ _____
Cov nyiaj nqi tes \$ _____ Peev Nyiaj So Hauj Lwm \$ _____
Annuity Payments \$ _____ Unemployment Benefits \$ _____
Nyiaj Them Ib Xyoo Ib Zaug \$ _____ Nyiaj Poob Hauj Lwm \$ _____
Military / Naval Retirement \$ _____ Workers' Compensation \$ _____
Nyiaj Tub Rog/Nyiaj Tub Rog Hiav Txwv So \$ _____ Nyiaj Raug Mob Hauv Hauj Lwm \$ _____
Spousal Maintenance Received \$ _____ Disability Payments \$ _____
Nyiaj Yug Txij Nkawm Tau \$ _____ Nyiaj Tsis Taus \$ _____
"RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) \$ _____
"RSDI" Nyiaj So Laus, Nyiaj Yug Tus Ciaj Sia los yog Nyiaj Tsis Taus (tsis yog Nyiaj SSI) \$ _____
Tribal or per capita income \$ _____
Nyiaj rau ib pab pawg los yog ib leej neeg \$ _____
Self-Employment \$ _____ Other \$ _____
Nyiaj Ua Hauj Lwm Rau Tus Kheej \$ _____ Lwm yam nyiaj \$ _____
24. To the best of my knowledge, the other parent receives:
Raws li kuv muaj rab peej xwm paub txog, tog niam txiv tod tau:
- MFIP Medical Assistance *(Kev Pab The Nqi Kho Mob Medical Assistance)*
 MinnesotaCare *(Kev Them Nqi Kho Mob MinnesotaCare)*
 General Assistance *(Nyiaj Pab Txhua Yam)* SSI *(Nyiaj SSI)*
 Child Care Assistance *(Nyiaj Pab Them Nqi Zov Me Nyuam)*
25. To the best of my knowledge, the other parent is ordered to pay spousal maintenance:
 YES *If yes, how much?* _____ NO I don't know
Raws li kuv muaj rab peej xwm paub txog, tog niam txiv tod tau them nyiaj yug txij nkawm:
- YOG *Yog tias yog, them npaum cas?* TSIS YOG Kuv tsis paub

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26. To the best of my knowledge, the “other parent” is the legal parent of minor children from a different relationship as listed below.

Raws li kuv muaj rab peej xwm paub txog, “tog niam tiv tod” yeej yog tus muaj cai tau cov me nyuam me ntawm lwm txoj kev sib txheeb raws li nram no.

Child’s Name (or “none”) <i>Me Nyuam Npe (los yog tsis muaj)</i>	Date of Birth <i>Hnub Yug</i>	Court-ordered to pay support for this child? <i>Qhov nyiaj tsev hais plaub ntswj kom them rau tus me nyuam no?</i>	Does this child live with “other parent”? <i>Tus me nyuam no puas nyob nrog “tog niam txiv tod”?</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Nyob</i> <input type="checkbox"/> <i>Tsis Nyob</i>

27. The information contained in this Affidavit is true and correct to the best of my knowledge. Cov xov xwm hauv Tsab Ntawv Pov Thawj no muaj tseeb thiab yog raws li kuv muaj rab peej xwm paub txog.

Dated: _____

Hnub tim:

Signature (*Sign only in presence of Notary or Court Deputy*)

Kos Npe (*Tsuas kos ntawm Tus Neeg Nias Thwj Ua Tim Khawv los yog Tus Kws Lis Tsev Hais Plaub*)

Sworn / affirmed before me this _____ day of _____, _____

Tsa tes /lees rau kuv hnub

hauv lub _____ hlis, _____

Notary Public / Deputy Court Administrator
Neeg Nias Thwj Ua Tim Khawv/KwsTswj Xyuas Tsev Hais Plaub

Print Name: _____
Sau Npe:

Address: _____
Chaw nyob:

City/State/Zip: _____
Zos/Xeev/Zauv Cim Cheeb Tsam:

Telephone: (_____) _____
Xov Tooj: