

**State of Minnesota**

**District Court**

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

In Re the Marriage of:

\_\_\_\_\_

**Affidavit in Support of Motion to  
Modify Child Support and/or  
Spousal Maintenance**

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

and

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

\_\_\_\_\_  
Intervenor

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

following information:

**Reasons Why The Existing Support Order Should Be Changed**

1. I request a change in the existing order because of (*check all that apply*):

- Substantially increased or decreased gross monthly income of the party (*check one*)
  - Obligee (*receiving support/maintenance*)
  - Obligor (*paying support/maintenance*)
- Substantially increased or decreased needs of the (*check at least one*)
  - joint children     Obligee     Obligor
- Change in receipt of public assistance for (*check one*)     Obligee     Obligor
- Substantial change in cost-of-living for (*check one*)     Obligee     Obligor
- Extraordinary medical and/or dental expenses for the children in this case
- A change in the availability of appropriate health care coverage or a substantial change in the cost of existing health care coverage
- Addition of work-related or education-related child care expenses or a substantial increase or decrease in existing work-related or education related child care expenses of the (*check one*)     Obligee     Obligor
- Receipt of social security benefits by the     Obligee     Obligor     children
- Change in the residence of the children
- Emancipation of a child (name of child):

- Cohabitation of the Obligee with another adult
- Substantial change in the Parenting Time Adjustment for  me  other party

2. I make the following other comments in support of my request for a change to the existing support/maintenance order:

3. **(Skip this question if motion is for spousal maintenance only)**  
 I am the parent of the following joint children involved in this case (*list only joint children involved in this case*).

Joint Child's Name	Date of Birth

**Information From Existing Child Support/Maintenance Order:**

4. a) The existing support order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_. In that Order, I am the (check one)  
 Obligor (*making payments*)  Obligee (*receiving payments*)

b) There  is  is not a private agreement between the parties that precludes or limits modifications of maintenance as set form in the judgment and decree.

5. At the time the existing order was issued **I** was (*check all that apply*):

Unemployed

Employed at \_\_\_\_\_ (company or occupation) and earned \_\_\_\_\_ per  hour  week  month with a monthly gross income of \_\_\_\_\_.

Other monthly gross income totaling \_\_\_\_\_ from \_\_\_\_\_ (list all sources, (such as unemployment compensation, workers' compensation, social security, or other source).

6. At the time the existing order was issued, to the best of my knowledge, **the other parent** was (*check one*):

Unemployed

Employed at \_\_\_\_\_ (company or occupation) and earned \_\_\_\_\_ per  hour  week  month with a monthly gross income of \_\_\_\_\_ and had other monthly gross income totaling \_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).

7. At the time the existing order was issued the joint children received monthly social security or veteran's benefits in the amount of:

\_\_\_\_\_ per month based on:  my disability  other parent's disability.

This amount is paid to  me  other parent.

does not apply

**Current Information About Me**

8. I am currently (*check all that apply*):

Married  Separated  Divorced  Living with a companion  Single

9. I am currently:

Employed  Unemployed (if employed, answer the following):

a. Employer: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Work telephone number: \_\_\_\_\_

d. Occupation/Type of work: \_\_\_\_\_

e. Length of Employment: \_\_\_\_\_

f. Supervisor: \_\_\_\_\_

g. Gross Pay: \_\_\_\_\_ This  does  does not include overtime pay.

h. Paid:  Weekly  Every other week  Twice a month  Monthly

i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

10. I have the following additional sources of income (*Enter amount, or zero*):

Commissions \_\_\_\_\_ Pension Payments \_\_\_\_\_

Annuity Payments \_\_\_\_\_ Workers' Compensation \_\_\_\_\_

Military/Naval Retirement \_\_\_\_\_ Unemployment Benefits \_\_\_\_\_

Spousal Maintenance Received \_\_\_\_\_ Disability Payments \_\_\_\_\_

Self-Employment \_\_\_\_\_ Other \_\_\_\_\_

11. I receive (*check only if it applies*)  
 MFIP  Medical Assistance  MinnesotaCare  General Assistance  
 SSI  Child Care Assistance
12. The joint children currently receive social security or veteran's benefits in the amount of \_\_\_\_\_ per month based on:  my disability  other parent's disability.  
 This is paid to  me  other parent.  
 does not apply
13. I am court ordered to pay monthly spousal maintenance.  
 Yes  No If yes, how much? \_\_\_\_\_
14. I support the following non-joint children:

Child's Name (or "none")	Date of Birth	Relationship to child	Child support monthly amount	Living in my home?
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

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

15. My monthly expenses at the present time are as follows (*If remarried, include total household expenses*):

	Monthly Payment at Present Time
a. <input type="radio"/> House payment or <input type="radio"/> Rent	_____
b. Real Estate Taxes, if not included in (a)	_____
c. Association Dues or Lot Rent (for property)	_____
d. Insurance	
Homeowners, if not included in (a)	_____
Car	_____
Life	_____
e. Utilities: (Average Monthly Amount)	
Gas	_____

- Electricity \_\_\_\_\_
- Telephone \_\_\_\_\_
- Water and garbage \_\_\_\_\_
- Cable TV \_\_\_\_\_
- f. Food \_\_\_\_\_
- g. Clothing \_\_\_\_\_
- h. Laundry/dry cleaning \_\_\_\_\_
- i. Personal allowances and incidentals \_\_\_\_\_
- j. Magazine and newspapers \_\_\_\_\_
- k. Uninsured/unreimbursed medical expenses \_\_\_\_\_
- l. Uninsured/unreimbursed dental expenses \_\_\_\_\_
- m. Child care expenses \_\_\_\_\_
- n. Transportation expenses:
  - Car payment \_\_\_\_\_
  - License \_\_\_\_\_
  - Gasoline \_\_\_\_\_
  - Repair \_\_\_\_\_
- o. Recreation/Entertainment \_\_\_\_\_
- p. Children's needs (sports/school/hobbies) \_\_\_\_\_
- q. Allowances \_\_\_\_\_
- r. Other (list) \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** \_\_\_\_\_

Charge accounts and loans (list):

Name of Account/loan	Balance Owed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

*(Attach a page if more space is needed)*

16. The following people help me pay my current monthly expenses listed in question 15:

- Spouse   
  Companion   
  Roommate(s)   
  Relatives   
  No One

17. The value of the property I currently own by myself or with someone else is:

Home \_\_\_\_\_  
 Household goods \_\_\_\_\_  
 Purchase price of my home \_\_\_\_\_  
 Balance owed on my home \_\_\_\_\_  
 Other real estate \_\_\_\_\_  
 Checking/savings \_\_\_\_\_  
 Automobiles \_\_\_\_\_ (year and make of vehicle) \_\_\_\_\_  
 Recreational vehicles \_\_\_\_\_ (year and make of vehicle) \_\_\_\_\_  
 Personal property \_\_\_\_\_  
 Stocks/bonds/etc. \_\_\_\_\_

**Court-ordered Parenting Time**

18. Is there a court order that includes a parenting time schedule?  
 Yes  No If Yes, answer #19 - 21. If No, skip to #22
19. The court order that talks about parenting time is in:  
 This case (same court file number)  
 A different court case (Court file Number) \_\_\_\_\_
20. Do you have court-ordered **equal parenting time**?  Yes  No
21. What is the annual number of overnights awarded to each parent in the court order?  
 Note: The "annual number of overnights" is based on a two-year average  
  - If there is equal parenting time, use 182.5 overnights for each parent.
  - If a parent's parenting time is reserved, that parent as 0 (zero) overnights.

a. Number of overnights awarded to you: \_\_\_\_\_  
 b. Number of overnights awarded to the other parent: \_\_\_\_\_

**Current Information about Other Parent**

22. To the best of my knowledge, the other parent is currently:  
 Employed  Unemployed  I do not know
- a. Employer: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Work telephone number: \_\_\_\_\_  
 d. Occupation/Type of work: \_\_\_\_\_  
 e. Length of Employment: \_\_\_\_\_

- f. Supervisor: \_\_\_\_\_
- g. Gross Pay: \_\_\_\_\_ This  does  does not include overtime pay.
- h. Paid:  Weekly  Every other week  Twice a month  Monthly
- i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

23. To the best of my knowledge, the other parent has the following additional sources of income: (*enter amount, or zero*)

Commissions	_____	Pension Payments	_____
Annuity Payments	_____	Workers' Compensation	_____
Military/Naval Retirement	_____	Unemployment Benefits	_____
Spousal Maintenance Received	_____	Disability Payments	_____
Self-Employment	_____	Other	_____

24. To the best of my knowledge, the other parent receives:

- MFIP  Medical Assistance  MinnesotaCare  General Assistance
- SSI  Child Care Assistance

25. To the best of my knowledge, the other parent is ordered to pay spousal maintenance:

- Yes  No  I do not know If yes, how much? \_\_\_\_\_

26. To the best of my knowledge, the other parent supports the following non-joint children:

Child's Name (or "none")	Date of Birth	Relationship to child	Child support monthly amount	Living in the home?
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

Does your motion ask for a change in health and/or dental care coverage for the joint children?

- Yes  No If yes, answer questions 27-29

**Parents Health Care Coverage Information**

*Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint children.*

27. **About me:** (check all that apply)

- I am court ordered to carry health insurance coverage for the joint children
- I now have private health care coverage available for the joint children
- I do not have or no longer have private health care coverage available for the joint children
- I cannot afford to pay my proportionate share of health care coverage for the joint children
- My proportionate share of health care coverage for the joint children should be changed
- I am court ordered to maintain health care coverage for other non-joint children and coverage is in place for other non-joint children.
- I have private health care coverage and/or dental insurance coverage in place for the following people:

\_\_\_\_\_

\_\_\_\_\_

Cost of monthly health care coverage for self: \_\_\_\_\_

Cost of monthly health care coverage for dependents: \_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \_\_\_\_\_

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \_\_\_\_\_

28. Currently, there is:

- no court order that directs either parent to carry private health care coverage for the joint children.
- a court order that directs  me  the other parent to carry private health care coverage for the joint children.
- Medical Assistance  MinnesotaCare currently in place for the joint children.

29. **About the other parent:** *(check all that apply)*

- The other parent is court ordered to carry health insurance coverage for the joint children
- The other parent has private health care coverage available for the joint children
- The other parent does not have or no longer have private health care coverage available for the joint children
- The other parent is court ordered to maintain health care coverage for other non-joint children and the coverage is in place for the other non-joint children
- The other parent has private health care coverage and/or dental insurance in place for



the following people:

\_\_\_\_\_

Cost of monthly health care coverage for self: \_\_\_\_\_

Cost of monthly health care coverage for dependents: \_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \_\_\_\_\_

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \_\_\_\_\_

Does your motion ask for a change in child care support for the joint children?

Yes  No If yes, answer question 30 - 32

**Child Care Obligation**

*Only answer if you are asking for a change in child care support for the joint children.*

30.  I am court ordered to pay a proportionate share of child care support and the amount of child care support has changed.

There is no court ordered child care obligations and I have child care expenses.

31. If there is an existing court order for monthly child care expenses, list the court ordered amount: \_\_\_\_\_ .

32. The **current** total monthly costs of child care costs are: \_\_\_\_\_

The information contained in this Affidavit is true and correct to the bet of my knowledge.

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: \_\_\_\_\_