

State of Minnesota

District Court

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

In Re the Marriage of:

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 or Should Not Be Changed:

1. I request that the existing support/maintenance order **not** be changed because there has not been a change of circumstances for me or the other party since the order was issued.

OR

I request a change in the existing support/maintenance 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: _____

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.

22. **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): _____

Child Care Obligation

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

- 23. 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.

24. If there is an existing court order for monthly child care expenses, list the court ordered amount: _____ .

25. The **current** total monthly costs of child care costs are: _____

The information contained in this Affidavit is true and correct to the best 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: _____

Signature

County and State where signed

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____