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| **State of Minnesota** |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: |  |

In Re the Marriage of:

Petitioner (first, middle, last)

and

# Affidavit in Support of Motion to Stop Cost of Living Adjustment

Respondent (first, middle, last)

Intervenor

I, , state the following:

1. I am the  Petitioner  Respondent in this action:
2. I am employed by:
	1. Employer:
	2. Address:
	3. Work telephone number:
	4. Occupation/Type of work:
	5. Length of Employment:
	6. Supervisor:
	7. Gross Pay:
	8. Paid: [ ]  Weekly [ ]  Every other week [ ]  Twice a month [ ]  Monthly
3. I was previously employed by for years.
4. I have the following additional sources of income:

Source: per month Source: per month Source: per month

1. There has not been a sufficient cost-of-living or other increase in my income to allow for an adjustment in my child support.
2. Copies of my tax returns and any other documentation of my income for the past three years, , , and , is provided to the other party in this action and the county attorney as an attachment and provided to the Court Administrator.
3. I am submitting this affidavit in support of my motion to stop the cost-of-living adjustment.

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

Dated:

Signature

Name:

County and state where signed

Address: City/State/Zip: Telephone:

E-mail address: