

**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

**Notice of Motion and Motion  
to Modify Medical Support ONLY**

**To: Other Party:**

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

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

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

**County Attorney's Office:**

\_\_\_\_\_  
Name of County Attorney

\_\_\_\_\_  
Street Address Suite No.

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

**Notice**

I will ask the court to modify the current support order at a hearing scheduled as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

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

**NOTE:** This motion form can only be used if your current support order was created less than 3 years ago. If your current order is from more than 3 years ago or if medical support was reserved in the current order, then you must use the *Motion to Modify Child Support* forms instead.

I request that the court modify the support order dated \_\_\_\_\_ by ordering  
(Date of current support order)  
the following (*check all the apply*):

- Requiring the other parent to provide medical and/or dental insurance coverage for the joint children due to a change in the availability of coverage or a change in eligibility for medical assistance.
- Requiring me to provide medical and/or dental insurance coverage for the joint children due to a change in the availability of coverage or a change in eligibility for medical assistance.
- Changing the amount the other parent pays towards the coverage I carry for the joint children due to a substantial change in the cost of coverage.
- Changing the amount I pay to the other parent who provides the coverage for the joint children due to a substantial change in the cost of coverage.
- Changing which party is ordered to provide medical and/or dental coverage because the party ordered to provide coverage has not done so.
- Changing or Awarding the tax dependency exemption for the joint children to the parent ordered to carry medical and/or dental insurance coverage.

**NOTE:** If you want the court to change the percentage share of the cost of coverage or the percentage share of the out of pocket medical expenses (for example - deductibles and co-pays) DO NOT use this form. Use the *Motion to Modify Child Support* Form packet instead.

The facts upon which I base my request are set forth in the attached *Affidavit in Support of Motion to Modify Medical Support Only*.

### Notice of Rights to Other Parties:

- You have a right to a hearing, if a hearing is not already scheduled.
- You have the right to object or respond to the changes I am requesting.
- If you decide to respond or object to this motion, a packet entitled *Response to Motion to Modify Medical Support Only* is available on the court website at <http://www.mncourts.gov/GetForms.aspx?c=6&p=97> or from court administration.
- You must file your written response or counter motion, and supporting documents **at least 7 days before any scheduled hearing.**
- If you choose to respond, a written response or counter motion, along with your supporting documents, must be served on all parties **at least 14 days before any scheduled hearing.** A counter motion is where you can raise **new** child support issues, in addition to responding to the issues in this motion.
- The court may, in its discretion, choose not to consider any documents you file with the court if they are not filed on time.

### Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact the following person at the phone number listed:

\_\_\_\_\_ at \_\_\_\_\_  
(Name of person filing motion) (Phone number of person filing motion)

Note: Person to contact for settlement should be the party bringing the action or the attorney, if an attorney is representing the party in this matter.

### Acknowledgment by Party Making Motion

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 in Rule 11 of the General Rules of Practice ([https://www.revisor.mn.gov/court\\_rules/gp/id/11/](https://www.revisor.mn.gov/court_rules/gp/id/11/)) or the Rules of Public Access to Records of the Judicial Branch ([https://www.revisor.mn.gov/court\\_rules/rule/ra-toh/](https://www.revisor.mn.gov/court_rules/rule/ra-toh/)).
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.

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

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

\_\_\_\_\_  
Signature

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

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

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

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

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

Attorney for: \_\_\_\_\_