

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

**Affidavit in Support of
Responsive Motion to Modify
Child Support**

I state that the following information is true and correct to the best of my knowledge.

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

2. In this case, the child support is for:

Child's Name	Date of Birth	Is there court-ordered parenting time?
		<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
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

(Include another page if more space is needed)

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:

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

Reasons Why The Existing Support Order Should or Should Not Be Changed

3. Chose on option

I do not want the current child support order changed. There has not been a substantial change of circumstances for me or the other parent, since the order was issued. *(If you want to comment on the other parent's statements about changes in finances or other circumstances, do that here):*

If you need more space, include another sheet of paper.

OR

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)**

4. *(Answer #4 if you are asking for a change to the current support order)* 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.)*

If you need more space, include another sheet of paper.

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

Yes No If No, skip to #6.

a) Currently, the children have health care coverage as follows:

- MinnesotaCare or Medical Assistance
- No coverage
- I provide coverage
- Other parent provides coverage
- Other: _____

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

c) Health care coverage is available for the children through my work or union:

Yes No If Yes, answer the following:

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

Yes No If No, skip to #7.

a) I am asking for a new order regarding child care/day care expenses because:

- There is no court ordered child care obligation and I have child care expenses.
- The cost of child care has increased.
- The cost of child care has decreased.
- County assistance with child care expenses has changed.

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)*

c) The **current** total monthly costs of child care are _____

d) If there is an existing court order for monthly child care expenses, state the court-ordered amount: _____

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.

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

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

Unemployed

Employed at _____ (company or occupation) with a monthly gross income of _____ from this employment.

I had other monthly gross income totaling _____ or none

from _____
(list all sources, such as unemployment compensation, workers' compensation, social security, or other source).

9. At the time the existing order was issued **the other parent** was:

Unemployed

Employed at _____ (company or occupation) with a monthly gross income of _____ from this employment.

The order does not include this information, or I don't know this information.

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).

10. At the time the existing order was issued the children 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.

Current Information about myself

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

Married Separated Divorced Living with a companion Single

12. I am currently:

Employed Unemployed

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.

13. 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 _____
 "RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) _____
 Self-Employment _____ Tribal or per capita income _____
 Other _____

14. **I will file proof of my income with Form 11.2 with the court and serve on the other parent. (Include pay stubs or tax return)**

15. I receive (*check only if it applies*)

- MFIP Medical Assistance MinnesotaCare General Assistance
 SSI Child Care Assistance

16. The 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.

17. I am court ordered to pay monthly spousal maintenance.

Yes No If yes, how much? _____

18. In addition to the children at #2, I am the legal parent of another (non-joint) minor child:

Yes No

You are probably the legal parent if:

- *You are the biological mother, and your parental rights have not been terminated*
- *You legally adopted the child*
- *You are the biological father, and your parental rights have not been terminated, and one of the following is true:*
 - *you were married to the mother when the child was conceived or born*
 - *you were found to be the father in a Paternity action*
 - *you signed a Recognition of Parentage (ROP) or other legal document in which you and the mother acknowledged you are the father*
 - *you have a court order regarding child support for the child*

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

Child's Name (or "none")	Date of Birth	Court-ordered support you pay for this child*	Does this child live in your home at least 50% of the time?
			<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
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

(If you need more space, include another page.)

** Provide copies of current support orders for these non-joint children.*

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.):*

Monthly Payment at Present Time

- a. House payment or 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: _____
 - Bus, Train, Taxi _____
 - Car payment _____
 - License _____
 - Gasoline _____

	Repair	_____
o.	Recreation/Entertainment	_____
p.	Children's needs (sports/school/hobbies)	_____
q.	Allowances	_____
r.	Other (list) _____	_____
TOTAL MONTHLY EXPENSES:		\$0.00

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)

20. The following people help me pay my current monthly expenses listed in question 19:

Spouse Companion Roommate(s) Relatives No One

21. 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

22. Is there a court order that includes a parenting time schedule?

Yes No If Yes, answer #23 - 25. If No, skip to #26

23. The court order that talks about parenting time is in:

- This case (same court file number)
- A different court case (Court file Number) _____

24. Do you have court-ordered **equal parenting time**? Yes No
25. 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 the Other Parent

26. 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.

27. 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	_____
"RSDI" Social Security Retirement, Survivors or Disability Income (not SSI)	_____		
Tribal or per capita income	_____	Self-Employment	_____
Other	_____		

28. To the best of my knowledge, the other parent receives:
 MFIP Medical Assistance MinnesotaCare General Assistance
 SSI Child Care Assistance
29. 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? _____
30. To the best of my knowledge, the other parent is the legal parent of minor children from a different relationship as listed below.

Child's Name (or "none")	Date of Birth	Court-ordered to pay support for this child? State amount	Does this child live with the other parent?
			<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
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

I declare under penalty of perjury that everything 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: _____