**State of Minnesota**

**District Court**

***Gobolka Minnesota***

***Maxkamadda Degmada***

| County<br>*Degmada* | Judicial District: _____<br>*Degmada Garsoorka:*<br>Court File Number: _____<br>*Lambarka Galka Maxakamadda:*<br>Case Type: _____<br>*Nooca Kiiska:* |
|---|---|

☐ In Re the Marriage of:

☐*La xariira Guurka:*

_____

_____

Plaintiff / Petitioner
*Dacwoodaha / Codsadaha*

vs / and
*liddi ku ah / iyo*

_____

Defendant / Respondent
*Eedeysanaha/Dacweysanaha*

_____

Intervenor
*Dhex-dhexaadiyaha*

**Affidavit in Support of Motion to Modify Child Support**
***Qoraalka Dhaarta ee Taagerayo Codsiga Lagu Badalayo Masruufka Caruurta***

STATE OF MINNESOTA )
COUNTY OF _____ ) SS
(County where Affidavit Signed)
*GOBOLKA MINNESOTA )*
*DEGMADA _____ ) SS*
*(Degmada lagu saxiixay Dhaarta Qoraalka)*

My name is _____. I state under oath the following information:
*Magacayga waa _____. Waxaan dhaar ku marayaa akhbaarta soo socota:*

**Reasons Why the Existing Order Should Be Changed**
***Sababaha Kalliftay In La Baddalo Amarka Jiray***

1. I request a change in the existing order becaue of (*check all that apply*):
   - ☐ A 20% change in the gross income of the obligor *(person paying support)*
   - ☐ A change in the number of joint children for whom the obligor is legally responsible and actually supporting

- ☐ Receipt of public assistance by a parent or caregiver of a child who is supported by an existing child support order
- ☐ Additional work-related or education-related child care expenses of the obligee or a substantial increase or decrease in existing work-related or education-related child care expenses
- ☐ A change in the availability of health care coverage and/or dental insurance coverage or a substantial increase or decrease in the cost of existing health care coverage
- ☐ The joint child has become disabled
- ☐ The other parent and I agree to modify the child support under the income shares guidelines

*1. Waxan codsanayaa in la baddalo amarkii hore jiray sababtoo ah (calaameeh dhamman waxa la codsaday):*

- ☐ *In uu jiro isbaddal 20% dakhliga buuran ee masruuf bixiyaha (qofka bixinaya)*
- ☐ *In uu isbaddal ku yimid tirada caruurta laysla koriyo ee masruufbixiyaha uu shacri ahaan masuula ka yahay oo uu masruufkoodana bixiyo*
- ☐ *Rasiidka gargaarka guud ee waalidka ama daryeelaha cunug lagu masruufayo amar jira ee masruufka caruurta*
- ☐ *In ay jiraan kharashyo kale ee la xiriira shaqada ama kharashyo waxbarashada daryeelka caruurta ee masruuf bixiyaha ama ay jirto kor-u kac ama hoos-u dhac badan ee la xiriira kharashyada shaqada ama kharashyada waxbarashada daryeelka caruurta*
- ☐ *In isbaddal helista caymiska daryeelka caafimaadka iyo/ama caymiska ilkaha ama uu jiro wax badaansho ama isdhimis kharashka caymiska caafimaadka ee hadda la haysto*
- ☐ *In cunugga la isla koriyo uu naafo noqdo*
- ☐ *In waalidka kale iyo aniga aan ku heshinno in la badalo masruufka caruurta sida ku xusan xeerarka dakhliga qoys-wadaagga*

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

*2. Waxa aan halkaan ka dhiibanaya faalloyin kale ee taageraya codsigayga oo lagu badalayo amarka masruuf /dhowridda amarka.*

_____

_____

_____

3. I am the parent of the following joint child(ren) involved in this case *(list only joint_child(ren) involved in <u>this</u> case).*

*3. Waxa aan ahay waalidka cunugga (caruurtan) naga wada dhaxeyso ee ku lug leh kiiskan (qor caruurta idiin ka dhaxeysa kaliya ee <u>kiiskant</u>).*

| **Joint Child's Name**<br>***Magaca Cunuuga Naga Dhaxeya*** | **Date of birth**<br>***Taariikhda dhalashada*** |
|---|---|
| | |
| | |
| | |
| | |

**Information From Existing Child Support Order** ***(Answer only those questions that apply)***
***Akhbaar ka Timid Amarka Jira ee Masruufka Caruurta (Ka jawaab su'aalaha ku taxluuqa kaliya)***

4. 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)*

*4. Amarka jira ee masruufka caruurta waxa soo saartay maxkamadda Degmada_____ taariikhduna ahayd_____. Amarkaas, waxaan ahay (mid calamee)* ☐ *Waajibiyaha(lacagta bixinaya)* ☐ *Loo-waajibiyaha (lacagta la siinayo)*

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).

*5. Wakhtigii la soo saray amarka jira, waxaan ahaa (dhammaan waxa ku taxluuqal calaamee):*
☐ *Shaqa la'aan*
☐ *Waxaan ka shaqanayay _____(shirkadda ama jagada) mushaarkaygana wuxuu ahaa $_____* ☐ *saacaddiiba* ☐ *bishiiba* ☐ *bishiiba oo bishiiba mushaarka buuran uu ahaa $*
☐ *Dakhli kale ee buuran oo ah $_____ waxaan ka qaadanayay _____(tax dhammaan ilaha ay kaa soo galaan oo dhan qor, sida magdhawga shaqa la'aanta, magdhawga shaqada, soshal sekuuritiga, ama ilo kale).*

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).

*6. Wakhtigii la soo saaray amarka jira, sida dhabta ee aan ogahay, waalidka kale wuxuu ahaa (mid calaamee):*
☐ *Ma shaqeeyo.*
☐ *Wuxuu ka shaqaynayay _____ iyo mushaarkana ahaa $_____*
☐ *saacaddiba* ☐ *usbuuciba* ☐ *bishiiba mushaarka buuranna ee biishiiba uu ahaa $_____ iyo in uu meela ka qaadanayay mushaar buuran ee $_____ waxaan ka qaadanayay_____(tax dhammaan ilaha ay kaa soo galaan oo dhan qor, sida magdhawga shaqa la'aanta, magdhawga shaqada, soshal sekuuritiga, ama ilo kale).*

7. At the time the existing order was issued, the joint child(ren) received monthly social security or veteran's benefits in the amount of $ _____based on ☐ my disability ☐ other parent's disability and is paid to ☐ me ☐ other parent

*7. Wakhtiga la soo saaray amarka jira canugga/caruurta la koriyo bishii waxay qaataan lacagta soshal sekuritiga ama manfaca askarti hore oo gaaraya $ _____laguna saleeyay* ☐ *naafonimadayda _____*☐ *naafanimada waalidka kale oo la siiyo_____* ☐ *aniga_____* ☐ *waalidka kale*

**Current Information About Me**
***Akhbaarta Ku Saabsan Xaalkayga Wakhtiga Xaadirka***

8. I am currently *(check all that apply)*:
*8. Wakhtiga xaadirka ( dhammaan waxa ku taxluuqa calaamee)*
☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single
☐ *Xaasle* ☐ *Kala maqan* ☐ *Is-furay* ☐ *La nool wehel* ☐ *Keli-noole*

9. I am currently *(check one)* ☐ 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.

*9. Wakhtiga xaadirka ah (mid calaamee) ☐ waan shaqeeya ☐ ma shaqeeyo (haddii ad shaqaysid ka jawab waxa soo socda):*
*a. Shaqaaleeyaha:* _____
*b. Cinwaanka:* _____
*c. Telefoonka shaqada:* _____
*d. Shaqada /Nooca shaqada:* _____
*e. Muddada aad ka shaqaynaysay:* _____
*f. Horjoogaha:* _____
*g. Mushaarka buuran: $*_____ *Tan ☐ leedahay ☐ ma laha saacadaha dheeraakda.*
*h. Mushaarka: ☐ Usbuucii ☐ Usbuuc dhaah ☐ Bishii laba mar ☐ Bishiiba*
*i. Kahor waxaan u shaqayn jiray* _____
*sanadiihi* _____ *ka hor inta aan meeshan shaqada ka billaabin.*

10. I have the following additional sources of income:
Commissions $_____ Pension Payments $_____
Annuity Payments $_____ Unemployment Benefits $_____
Military / Naval Retirement $_____ Workers' Compensation $_____
Spousal Maintenance Received $_____ Disability Payments $_____
Self-Employment $_____ Other $_____

*10. Waxaa kaloo dakhli dheraad ah aan ka helaa:*
*Faa'iido wadaag $*_____ *Mushaarka Hawlgabka $*_____
*Lacag Sanadeed $*_____ *Manfaca shaqa la'aanta $*_____
*Militari Hore/Badda $*_____ *Magdhawga Shaqada$*_____
*Lacagta Meher iyo Marashada $*_____ *LacagtaNaafada $*_____
*Iska u shaqaysid $*_____ *Kuwo kale $*_____

11. I receive *(check only if it applies)* ☐ MFIP ☐ Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI ☐ Child Care Assistance
*11. Waxaan qaataa (calaamee kuwa ku taxluuqa kaliya)* ☐ *MFIP* ☐ *Gargaarka Caafimaadka* ☐ *MinnesotaCare* ☐ *Gargaarka Guud* ☐ *SSI* ☐ *Gargaarka Daryeelka Caruurta*

12. The joint child(ren) currently receives monthly social security or veteran's benefits in the

amount of $ _____ based on ☐ my disability ☐ the other parent's disability and is paid to ☐ me ☐ other parent.

*12. Caruurta aan hadda isla korino waxay bishiiba qaataan lacagta soshal sekuuritiga ama waxtarka militarigii hore lacagtaaso ah $ _____ ku salaysan ☐ naafonnimadayda ☐ naafannida waalidka kale oo laa siiya ☐ aniga ☐ kuwo kale.*

13. I am court ordered to pay monthly spousal maintenance.
(*check one)* ☐ YES ☐ NO *If yes, how much?* _____

*13. Maxkamaddu waxay igu amartay masruuf iyo marasho*
*(calaame mid)* ☐ *Haa* ☐ *Maya Haddii haaay tahay waa imisa?*_____

14. I support the following nonjoint child(ren):

| **Child's Name** | **Date of Birth** | **Relationship** | **Child support** monthly amount | **Living in** my home |
|---|---|---|---|---|
| | | | $ | Yes / No |
| | | | $ | Yes / No |
| | | | $ | Yes / No |
| | | | $ | Yes / No |
| | | | $ | Yes / No |

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

*14. Waxan si gaar ah aan u masruufa caruurtna:*

| ***Magaca Cunugga*** | ***Taariikha Dhalashada*** | ***Xiriirka*** | ***Masruufka Caruurta*** *kharashka bishiiba* | ***Deggan*** *gurigayga* |
|---|---|---|---|---|
| | | | *$* | *Haa / Maya* |
| | | | *$* | *Haa / Maya* |
| | | | *$* | *Haa / Maya* |
| | | | *$* | *Haa / Maya* |
| | | | *$* | *Haa / Maya* |

*(Hadii horay loo amaray masruufka caruurta oo ka mid kuwa magacoodu kor ku qoran, soo qadim nuqullada amarrada)*

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

*15. Kaharshka bishiiba igu baxa wakhtigan waa sida soo socota (haddii aad dib u guursatay ku dar kharashka guriga ku baxa):*

| | **Monthly Payment at Present Time** ***Kharashka Bishiiba Wakhtigan Xaadirka*** |
|---|---|
| a. ☐ House payment or ☐ Rent | $_____ |
| *a. ☐ Kharashka guriga ama ☐ Ijaarka* | *$*_____ |
| b. Real Estate Taxes, if not included in (a) | $_____ |
| *b. Canshuurta Hanti Maguurtada, haddii aysan ku jirin qaybta (a)* | |

| | | |
|---|---|---|
| | | $_____ |
| c. | Association Dues or Lot Rent (for property) | $_____ |
| *c.* | *Ujrada Iskaashatada ama Ijaarka Dhulka (ee dhismaha)* | *$_____* |
| d. | Insurance: | |
| | Homeowners, if not included in (a) | $_____ |
| | Car | $_____ |
| | Life | $_____ |
| *d.* | *Caymiska:* | |
| | *Milkiilayaasha guryaha, haddii kamid ahayn (a)* | *$_____* |
| | *Gaariga* | *$_____* |
| | *Nafta* | *$_____* |
| e. | Utilities: (Average Monthly Amount) | |
| | Gas | $_____ |
| | Electricity | $_____ |
| | Telephone | $_____ |
| | Water and garbage | $_____ |
| | Cable TV | $_____ |
| *e.* | *Danabka: (In Dhexe ee Bishiiba)* | |
| | *Gaaska* | *$_____* |
| | *Korontada* | *$_____* |
| | *Telefoonka* | *$_____* |
| | *Biyaha ee qashinka* | *$_____* |
| | *Telefishinka Kaybal* | *$_____* |
| f. | Food | $_____ |
| *f.* | *Cuntada* | *$_____* |
| g. | Clothing | $_____ |
| *g.* | *Dharka* | *$_____* |
| h. | Laundry/dry cleaning | $_____ |
| *h.* | *Dhar-dhaqidda/dhaqidda lavaajada* | *$_____* |
| i. | Personal allowances and incidentals | $_____ |
| *i.* | *Kharash maalmeedka iyo kharash aan la filayn* | *$_____* |
| j. | Magazine and newspapers | $_____ |
| *j.* | *Maqaallada iyo wargaysyada* | *$_____* |
| k. | Uninsured / unreimbursed medical expenses | $_____ |
| *k.* | *Caymis la'aan / kharash caafimaad ee laguu celiyay* | *$_____* |
| l. | Uninsured / unreimbursed dental expenses | $_____ |
| *l.* | *Caymis la'aan / kharashka ilkaha ee laguu celiyay* | *$_____* |
| m. | Child care expenses | $_____ |
| *m.* | *Kharasha daryeelka caruurta* | *$_____* |
| n. | Transportation expenses: | |
| | Car payment | $_____ |
| | License | $_____ |
| | Gasoline | $_____ |
| | Repairs | $_____ |
| *n.* | *Kharashka gaadiidka:* | |
| | *Kharashka gaariga deyn ah* | *$_____* |
| | *Shatiga* | *$_____* |
| | *Baansinka* | *$_____* |
| | *Hagaajinta* | *$_____* |

o. Nashaadka/Entertainment $_____
*o. Nasashadka/Raaxada* *$_____*
p. Child(ren)'s needs (sports/school/hobbies) $_____
*p. Madadaaladacanugga/caruurta (cayaaraha/dugsiga/ hiwaayadaha)* $_____
q. Allowances $_____
*q. Gunnada* *$_____*
r. Other (list) _____ $_____
*r. Kuwo kale (magacaw)* _____ *$_____*
s. Charge accounts and loans (list):
*s. Koontoyinka karaka deynta (magacaw):*

| Name of Account<br>*Magaca Koontada* | Balance Owed<br>*Lacagta Lagugu Leeyahay* |
|---|---|
| 1. _____ | $ _____ |
| 2._____ | $ _____ |
| 3. _____ | $ _____ |
| 4. _____ | $ _____ |
| 5. _____ | $ _____ |

**TOTAL MONTHLY EXPENSES:**
**$_____**
***WADARTA KHARASHKA BISHIIBA***
***$_____***

16. The following people help me pay my current monthly expenses listed in question 15:
☐ Spouse ☐ Companion ☐ Roommate(s) ☐ Relatives ☐ No One
*16. Dadka soo socda ayaa wax iga caawiya bixinta khrashka ku xusan su'aasha 15:*
☐ *Xaaska* ☐ *Saxiibta* ☐ *Kuwa ila deggan)* ☐ *Kharaabo* ☐ *Qofna*

17. The value of the property I currently own by myself or with someone else is:
Home $_____
Household goods $_____
Purchase price of my home $_____
Balanced owed on my home $_____
Other real estate $_____
Checking/savings $_____
Automobiles $_____ (year and make) _____
Recreational vehicles $_____ (year and make) _____
Personal property $_____
Stocks/bonds/etc. $_____
*17. Qiimaha hanti maguurtada ee aan hadda leeyahay ama aan qof kale la leeyahay waa:*
*Guriga $_____*
*Alaabta guriga taalla $_____*
*Qiimaha iibka ee gurigayga $_____*
*Baaqiqa lagu leeyahay gurigayga $_____*
*Hanti maguurto kale $_____*
*Kontoyinka jeegga/kaydka $_____*
*Gawaarida $_____ (sanadka iyo nooca)* _____
*Gaadiidka raaxada $_____ (sanadka)* _____

*Waxa gaarka aan u leeyahay $_____*
*Hantida shirkadda/maalgelin korsaarka laguu celiyanyo/iwm. $_____*

**Current Information About Other Parent**
***Akhbaarta Hadda ee Ku Saabsan Waalidka kale***

18. To the best of my knowledge, the other parent is currently:
*(check one)* ☐ 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 ☐ Unknown
i. Previously employed by _____
for _____ years prior to the above employment.

*18. Inta aan ka warhayo, waalidka kale wuxuu hadda yahay qof:*
*(mid calaamee)* ☐ *shaqeeya* ☐ *shaqeynin (haddi uu shaqeeyo ka jaaab su'aalaha soo socda):*
*a. Shaqaaleeyaha:* _____
*d. Cinwaanka:* _____
*e. Lambarka telefoonka shaqada:* _____
*d. Shaqada / Nooca shaqada:* _____
*e. Ina muudda ah ee ka shaqeynasay:* _____
*f. Horjogaha:* _____
*g. Mushaarka buuran: $_____ Tan waxay* ☐ *leedahay* ☐ *ma laha musharka dheeraadka (overtime).*
*h. Mushaarka:* ☐ *Cusbuuc kasta* ☐*Usbuuc dhaaf* ☐ *Bishiiba laba jeer* ☐ *Bishiiba* ☐ *Lama oga*
*i. Hadda kahor waaan u shaqeyn jiray* _____
*saanadihi ka horreyay_____ inta aan shaqada ka billaabin.*

19. To the best of my knowledge, the other parent has the following additional sources of income:
Commissions $ _____ Pension Payments $_____
Annuity Payments $_____ Unemployment Benefits $_____
Military / Naval Retirement $_____ Workers' Compensation $_____
Spousal Maintenance Received $_____ Disability Payments $_____
Self-Employment $_____ Other $_____

*19. Inta aan ka warhayo, waalidka kale wuxuu dhakhli dheeraad ah ka soo gala:*
*Dallaal* $ _____ *Lacagta hawlgabka* $ _____
*Lacagta Sanadlaha* $ _____ *Ciidamada/Hawlagalka* $ _____
*Ciidanka Badda* $ _____ *Magdhowga shaqada* $ _____
*Masruufka iyo marashada guurka aad heshiid* $ _____
*Lacagta Naafada* $ _____
*Iskii u Shaqaysta* $ _____ *Wax kale* $ _____

20. To the best of my knowledge, the other parent receives *(check only if it applies)* ☐ MFIP ☐ Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI ☐ Child Care Assistance

*20. Inta aan wax ka ogahay, waalidka kale wuxuu qaataa (calaamee kuwa ku taxluuqa kaliya)*

☐ *MFIP* ☐ *Gargaarka Caafimaadka* ☐ *MinnesotaCare* ☐ *Gargaarka Guud* ☐ *SSI* ☐ *Gargaarka Daryeelka Caruurta*

21. To the best of my knowledge, the other parent is ordered to pay spousal maintenance. (*check one)* ☐ YES ☐ NO *If yes, how much?* _____

*21. Inta aan ka warhayo, waalidka kale waxaa lagu xukumay in bixyo meherka. (mid calaamee)* ☐ *HAA* ☐ *MAYA Haddii haa, waa intee?* _____

22. To the best of my knowledge, the other parent supports the following nonjoint child(ren):

| **Child's Name** | **Date of Birth** | **Relationship** | **Child support** monthly amount | **Living in** the home |
|---|---|---|---|---|
| | | | $ | Yes / No |
| | | | $ | Yes / No |
| | | | $ | Yes / No |
| | | | $ | Yes / No |
| | | | $ | Yes / No |

*22. Inta aan warhayo, waalidka kale wuxuu bixiya masruufta caruur aanan wada korinin:*

| ***Magaca Cunugga*** | ***Taariikhda Dhalashada*** | ***Xiriirka*** | ***Masruufka Carurta*** *kharashka bishiiba* | ***Deggan*** *guriga* |
|---|---|---|---|---|
| | | | *$* | *Haa/Maya* |
| | | | *$* | *Haa/Maya* |
| | | | *$* | *Haa/Maya* |
| | | | *$* | *Haa/Maya* |
| | | | *$* | *Haa/Maya* |

**Parents Health Care Coverage Information**

***Akhbaarta Caymiska Daryeelka Caafimaadka Waalidka***

Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint child(ren).

*Ka jawaab kaliya haddii aad doonaysid in la baddalo caymiska daryeelka iyo/ama caymiska ilakaha ee caruurta la isla koriyo.*

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

☐ I am court ordered to carry health care coverage for the joint child(ren)
☐ I now have private health care coverage available for the joint child(ren)
☐ I do not have or no longer have private health care coverage available for the joint child(ren)
☐ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)
☐ My proportionate share of health care coverage for the joint child(ren) should be changed
☐ I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint 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): $ _____

*23.* ***Aniga igu taxluuqa:*** *(kuwa ku taxluuqa calaamee)*

☐ *Maxakamadda igu amartay in aan bixiyo caymiska daryeelka caafimaadka canugga/*

*caruurta aan wada korinno*
☐ *Hadda waxaan leeyahay caymiska daryeelka caafimaadka ee gaar ah oo la siiyo canugga/ caruurta aan wada korsanno*
☐ *Hadda ma lihi caymiska daryeelka caafimaadka ee gaar ah oo la siiyo caruurta aan wada korsanno*
☐ *Ma aan awoodo in aan bixiyo qaybta igu aaddan ee caymiska daryeelka caafimaadka cnugga/caruurta la wada korsado*
☐ *Saamiga igu soo aadaysa ee caymiska kabaya daryeelka caafimaadka cunugga/caruurta la wada korsado*
☐ *Maxkamaada ayaa igu amartay in aan sii wado bixinta caymiska daryeelka caafimaadka ee canugga/caaruurta kale ee aanan wada korsan iyo in ay caymiskana yahay mid ay leeyihiin caruurta aanan wadad korsanin.*
☐ *Waxan leeyahay caymiska daryeelka caafimaadka ee gaarka ah iyo/ama caymiska ilkaha ee siiyo dadka soo socda:* _____
_____
*Kharashka caymiska daryeelka caafimaadka ee bishiiba igu baxa waa: $* _____
*Karashka carymiska daryeelka cafimaadka ee bishiiba iigaga baxa dadka aan masuulka ka ahay waa: $* _____
*Kharashka caymiska ilkaha ee igu baxa waa (haddii uu jiro mid ka gaar ah caysmika daryeelka caafimaadka): $* _____
*Kharashka caymiska ilkaha ee ku baxa kuwa aan masuulka ka ahay waa (haddii uu jiro mid ka gaar ah caymiska daryeelka caafimaadka): $* _____

24. Currently, there is:
☐ no court order that directs either parent to carry private health care coverage for the joint child(ren).
☐ a court order that directs ☐ me ☐ the other parent to carry private health care coverage for the joint child(ren).
☐ Medical Assistance ☐ MinnesotaCare currently in place for the joint child(ren).

*24. Wakhtigan:*
☐ *ma jiro amar maxkamadeed oo ku amraya in labada waalid midkood uu lahaado caymiska daryeelka caafimaadka ee gaara cunugga/ caruurta la wada korsado.*
☐ *waa jira amar maxkmadeed ee tilmaamaya in ☐ aniga ☐ waalidka kale uu lahaado caymiska daryeelka caafimaadka ee u gaar ah cunugga/ caruurta ee aan wada korsanno.*
☐ *Gargaarka Caafimaadka ☐ Minnesota Care ayay cunugga/ caruurta hadda ku jira wada korsashada.*

25. **About the other parent:** *(check all that apply)*
☐ The other parent is court ordered to carry health care coverage for the joint child(ren)
☐ The other parent has private health care coverage available for the joint child(ren)
☐ The other parent does not have or no longer has private health care coverage available for the joint child(ren)
☐ The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
☐ The other parent has 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): $ _____

*25.* ***Waxa ku taxluuqa waalika kale:*** *(dhammaan waxa ku calamee)*

☐ *Waalidka kale maaxkamadda ku amartay in uu bixiyo caymiska daryeelka caafimaadka ee cunugga/ caruurta aan wada korsanno*

☐ *Waalidka kale wuxu leeyahay caymiska daryeelka caafiimaadka ee gaarka una diyariyay cunugga/ caruurtaan ay wada korsadaan*

☐ *Waalidka kale ma laha caymiska daryeelka caafimaadka ee gaarka u ah ama ma laha caymiska daryeeka caafimaadka ee gaarka uu ah eecunugga/ caruuta aan la wada korsanin*

☐ *Waalidka kale maxkamadda ku amartay in uu galiyo caymiska daryeelka caafmaadka caruurta kale ee aanan la isla korsanin iyo uu jiro caymis kabaya caruurta kale ee aanan isla korasanin.*

☐ *Waaxlidka kale wuxuu leeyahay caymiska daryeelka caafimaadka ee gaarka u ah iyo/ama caymiska ilkaha ee caymiya dadka soo socda:* _____

_____

*Kharashayga bishiiba ee caysmika daryeelka caafimaadka: $* _____

*Kharashka bishiiba ee caymiska daryeelka caafimaadka ee dadka aan koriyo: $* _____

*Kharashkayga bishiiba ee caymiska ilkaha (haddii uu ka soocan yahay caymiska caafimaadka): $* _____

*Kaharshka caymiska ilkaha ee dadka aan koriyo (haddii uu ka soocan yahay caymiska caafimaadka): $* _____

**Child Care Obligation**

***Waajibka Daryeelka Caruurta***

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

*Ka jawaab kaliya haddii aad codsanaysid in la badalo masruufka daryeelka cunugga/caaruurta la wada korsado.*

26. ☐ 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 obligation and I have child care expenses.

*26.* ☐ *Maxkamadda ayaa igu amartay in aan bixiyo qaybtayda ku aaddan masruufka daryeelka caruurta iyo haddii la baddalay inta ay tahay masruufka daryeelka caruurta.*

☐ *Ma jiro amar maxkamadeed ee waajibiya daryeelka caruurta waxana leeyahay kharashka daryeelka.*

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

*27. Haddii u u jiro amar maxkmamadee ee kharashka daryeelka cunugga ee bishiiba, qor inta ay maxkamadda amartay: $* _____

28. The **current** total monthly costs of child care are $ _____

*28. Wadartak harashka bishiiba ee daryeelka cunugga ee* ***wakhtigan*** *waa $* _____

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

*Akhbaarta ku xusan Qoralkan Dhaarta waa run waana sax sida aan wax uga warhayo:*

Dated: _____ _____

Signature *(Sign only in presence of Notary or Court Deputy)*

*Taariikhda:* _____

_____
*Sixiixa (Ku horsixiix oo kaliya Nootayaha ama Karraaniga Maxkamadda)*

Sworn / affirmed before me this

day of _____, _____

_____

Notary Public / Deputy Court Administrator

*La dhaariyay / hortaya lagu xaqiijiyay*

*maanta oo ah* _____, _____

_____

*Notaayaha Guud /Kaaliyaha Maamulka Maxkamadda*

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____)_____

*Daabac Magaca:* _____

*Cinwaanka:* _____

*Magaalada/Gobolka/Zip:* _____

*Telefoonka: (_____)*_____