

State of Minnesota

County _____

District Court

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

Petitioner

and

Respondent

**Responsive Affidavit in
Support of Establishing
Custody and Parenting Time**

My name is _____ and I state that:

1. I am the Respondent in this case, and I make this *Affidavit* in support of my response to the other party's request to establish custody and parenting time.

2. A child protection case involving any or all of the children in this case is open:

YES NO

If YES, this case is in _____ County in the State of _____, and the case file number is _____.

The child protection worker's name is _____.

3. An *Order for Protection* involving me and the Petitioner and/or the children exists:

YES NO

If YES, this case is in _____ County in the State of _____, and the case file number is _____.

A copy of the *Order for Protection* is included with this *Affidavit*.

4. The children currently live with:

Me

Other parent

Other person (*print full name*): _____.

I am the children's: (*list relationship*) _____.

The other party is the children's:(*list relationship*) _____.

The address of the children is: _____ in the
City of _____, State of _____, Zip
Code _____. The children have lived at this address since: (mo/day/yr)
_____.

5. I want the court to grant **legal** custody of the children (*check one*):

a. Jointly to both me and the other party because _____

b. Solely to (check one):

Me

Other party

because _____

6. I want the court to grant **physical** custody of the children (*check one*):

a. Jointly to both me and the other party, with the children living with me at the
following times: _____

and the children living with the other party at the following times: _____

b. Solely to (check one):

Me

Other party

7. I believe that my request for physical custody is in the best interests of the children because
(list your reasons why, **be specific**) _____

8. I want to respond to things the other party stated at paragraph 4 of their *Affidavit in Support of Establishing Custody and Parenting Time*. My response is: _____

9. **Parenting Time.** I want the parenting time schedule as follows:

[Use the space below to explain clearly when each parent will have the children. State the time (o'clock) when the children will transfer from one parent to the other. If you want the order to say who will pick up and drop off the children, or where the transfer of the children should take place, include that under "Other."]

Regular Parenting Time Schedule:

Monday through Friday: _____

Weekends: _____

Summer (if you want a schedule that is different than the regular one): _____

Telephone contact with the children: Unlimited or Only at certain times as follows:
(describe the days and times when the parent and children may have telephone contact) _____

Exceptions to the Regular Schedule

(You can have a different schedule for holidays, school release days, and birthdays.)

Do you want a different schedule for school release days or breaks during the school year?

Yes No

School release days or breaks during the school year: _____

Any school release day schedule will override the regular parenting schedule.

Do you want a different schedule for birthdays (child’s or parents’ birthdays)? Yes No

Birthdays (child’s birthdays, parents’ birthdays): _____

Do you want a different schedule for holidays? Yes No

State the specific holidays and the schedule for each holiday you list here: _____

Any birthday or holiday schedule will override the regular and school release parenting schedule.

Other: _____

I believe that this schedule is in the best interests of the children because _____

10. **Overnights.** Based on the schedule above, how many overnights will the children have with each parent each year (the number must add up to 365)? Note: if parenting time is equal, use 182.5 overnights for each parent.

Number of overnights with Petitioner: _____

Number of overnights with Respondent: _____

11. I want to respond to the other party's requests for parenting time. My response is: _____

12. I want the court to order supervised parenting time: YES NO

If yes, I believe supervised parenting time is in the best interest of the children because:

13. The other party has asked the court to order supervised parenting time for me and the children:

YES NO

If yes, I object. My response to Petitioner's statements in paragraph 5 of their *Affidavit in Support of Establishing Custody and Parenting Time* is: _____

14. I want the court to order that the children be transferred at a **visitation exchange center** if one is located in the area, and for both parties to follow all rules of the visitation exchange center:

YES NO If YES, this is the best interests of the children because _____

If NO, the children should be transferred at: _____

because _____

Note: The visitation exchange center may require the parties to pay a fee for each exchange.

15. **Child Support.**

a. Has the other party asked the court to establish child support? YES NO

b. Are you asking the court to establish child support? YES NO

Only answer questions #15 - #36 if the answer to *either* of these questions is YES.

If the answer to *both* questions is NO, then skip to #37.

Current Information About Me

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

Married Separated Divorced Living with a companion Single

17. 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.

18. 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 \$ _____

19. I receive (*check only if it applies*) MFIP Medical Assistance MinnesotaCare
 General Assistance SSI Child Care Assistance

20. The joint children 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.

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

22. I support the following nonjoint children:

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)

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

**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 / Cell Phone \$ _____
 - 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 \$ _____
 - Repairs \$ _____
- o. Recreation/Entertainment \$ _____
- p. Children's needs (sports/school/hobbies) \$ _____
- q. Allowances \$ _____
- r. Other (list) _____ \$ _____
- s. Charge accounts and loans (list):

	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

24. The following people help me pay my current monthly expenses listed in question 22:
 Spouse Companion Roommate(s) Relatives No One

25. 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. \$ _____

Current Information About Other Parent

26. 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.

27. 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	\$ _____

28. 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

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

30. To the best of my knowledge, the other parent supports the following nonjoint children:

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

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.

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

- I am court ordered to carry health care 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 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): \$ _____

32. Currently, there is:

- no court order that directs either parent to carry private health care coverage for the joint children.
- a court order that directs me the other parent to carry private health care coverage for the joint children.
- Medical Assistance MinnesotaCare currently in place for the joint children.

33. About the other parent: *(check all that apply)*

- The other parent is court ordered to carry health care coverage for the joint children
- The other parent has private health care coverage available for the joint children
- The other parent does not have or no longer has private health care coverage available for the joint children
- 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): \$ _____

Child Care Obligation

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

34. 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.

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

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

Additional Information.

37. The following is additional information regarding the reasons I am requesting to establish custody and parenting time: _____

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: _____