

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 Motion to
Stop Cost of Living Adjustment**

I, _____, state the following:

1. I am the Petitioner Respondent in this action:
2. I am employed by:
 - a. Employer: _____
 - b. Address: _____
 - c. Work telephone number: _____
 - d. Occupation/Type of work: _____
 - e. Length of Employment: _____
 - f. Supervisor: _____
 - g. Gross Pay: _____
 - h. 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

5. There has not been a sufficient cost-of-living or other increase in my income to allow for an adjustment in my child support.
6. 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.
If you need more space, attach a sheet of paper.
7. 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: _____

 County and state where signed

Signature _____
 Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 E-mail address: _____