

**State of Minnesota**  
**Gobolka Minnesota**

**District Court**  
**Maxkamadda Gobolka**

County of  
*Dagmada*

Judicial District:  
*Maxkamadda Gobolka:* \_\_\_\_\_  
Court File Number:  
*Nambarka Faylka*  
*Maxkamadda:* \_\_\_\_\_  
Case Type:  
*Nooca Kiiska:*

- In Re the Marriage of:
- Tixraaca Guurka:*

\_\_\_\_\_

Petitioner  
*Codsadaha*

**Affidavit in Support of Motion  
to Modify Child Support**  
***Warqadda Dhaarta ee Taageersan Codsiga***  
***Baddalaadda Masaruufka Cunugga***

and  
*iyo*

\_\_\_\_\_  
Respondent  
*Eedeysanaha*

\_\_\_\_\_  
Intervenor  
*Farageliyaha*

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Affidavit Signed)  
GOBOLKA MINNESOTA )  
DAGMADA \_\_\_\_\_ ) SS  
(Dagmada lagu saxiixay Warqada Dhaarta)

I state, under oath, that the following information is true and correct to the best of my knowledge.  
*Waxaan ku sheegayaa, kaddib marka aan dhaartay, in macluumaadka soo socda yahay run iyo sax ilaa inta aan osoonahay.*

1. My name is \_\_\_\_\_ . In this case, I am the
- Obligor (*paying child support*)
  - Obligea (*receiving child support*)
- Magaceyga waa* \_\_\_\_\_ . *Kiisgaan, aniga waxaan ahay*
- Qofka Qaanta Lagu Sheegto (bixiya masaruufka cunugga)*
  - Qofka Laga Qabo Qaanta (qaata masaruufka cunugga)*

2. In this case, child support is for:

*Kiiskan, masaruufka cunugga waxaa la siiyaa:*

<b>Child's Name</b> <i>Magaca Cunugga</i>	<b>Date of Birth</b> <i>Taariikhda</i> <i>Dhalashada</i>	<b>Is there court -ordered parenting time?</b> <i>Ma jiraa waqtiga waalidnimada</i> <i>maxkamadda ammartay?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>

*(Attach a page if more space is needed)*

*(Ku lifaaq bog haddii aad u baahan tahay boos dheeraad ah)*

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: \_\_\_\_\_

*Haddii adiga iyo waalidka kale aad wada leedahiin caruur kale oo yaryar oo aan qeyb ku lahayn kiiskan maxkamadda ka socda, qor magacyada caruurta iyo taariikhda ay dhasheen:*

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

*Ma jiraa kiis furan oo ku saabsan masaruufka mid ka mid ah caruurtaan?  Haa  Maya*

3. 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)**

*Waxaan weydiisanaa maxkamadda in ay baddasho ammarka masaruufka cunugga ee iminka jira. Waxaan keeni doonaa caddeyn in uu isbaddal la taaban karo ku dhacay maaliyadda ama xaaladaha kale, laga bilaabo markii ugu dambaysay ee la soo saaray ammarka maxkamadda. Waxaan codsanaa in isbaddal lagu sameeyo ammarka masaruufka aasaasiga ee iminka jira maxaa yeelay: (calaamee dhamaan inta lagu dabaqi karo)*

- Substantial change in gross income for  me  other party  
*Isbaddal la taaban karo ayaa ku dhacay dakhliga guud ee soo gala  aniga  dhinaca kale*
- Substantial change in needs for  me  other party  children in this case  
*Isbaddal la taaban karo ayaa ku dhacay baahida igu saabsan  aniga*

THIS FORM MUST BE COMPLETED IN ENGLISH (*FOOMKAAN WAA IN LAGU BUUXIYO INGIRIISI.*)

- dhinaca kale*     *caruurta ku jirta kiisnaan*
- Change in receipt of public assistance for  me     other party  
*Isbaddal la taaban karo ayaa ku dhacay kaalmada dadweynaha*     *leysiiyo aniga*  
 *la siiyo dhinaca kale*
- Substantial change in cost-of-living for  me     other party  
*Isbaddal la taaban karo ayaa ku dhacay kharashka nolosha*     *igu baxa aniga*  
 *ku baxa dhinaca kale*
- New, extraordinary medical or dental expenses for the child(ren) in this case  
*Waxaa jira kharash cusub, dheeraad ah xagga caafimaadka ama ilkaha cunugga*  
*(caruurta) kiisnaan*
- Change in receipt of social security benefits for  me     other party     child  
*Isbaddal ayaa ku dhacay manaafacaadka soshal sekuritiga*     *ley siiyo aniga*      
*la siiyo dhinaca kale*     *la siiyo cunugga*
- Change in the residence of the child(ren)  
*Waxaa isbaddalay meesha cunugga (caruurta) daggan yahay*
- Emancipation of a child (name of child): \_\_\_\_\_  
*Cunugga (magaca cunugga) wuu qaan gaaray:* \_\_\_\_\_

4. 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.*)

*Waxaan kaloo soo jeedinaa faalada kale ee soo socota, taasoo aan ku taageero codsigeyga in la baddalo ammarka masaruufka aasaasiga ee jira: (Sharax waxyaabaha aad calaameysay #3. Tusaale ahaan, maxay tahay sababta uu kharashka nolosha uu kor u kacay ama hoos u dhacay? Ku lifaaq warqadaha ama biilasha kaalmo ka geysta hubinta waxa aad sheegeysid.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you need more space, attach a sheet of paper.  
Haddii aad u baahan tahay boos, ku lifaaq warqad.*

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

**Yes**     **No**    If no, skip to #6.

*Waxaan maxkamadda ka codsanaa in ay baddasho ammarka iminka jira xagga masaruufka daryeelka caafimaadka caruurta:*

*Haa*     *Maya*    *Haddii ay maya tahay, u gudub #6.*

- a) Currently, the child(ren) have health care coverage as follows:

*Iminka, cunugga (caruurta) waxay qabaan daryeelka caafimaadka soo socota:*

Minnesota Care or Medical Assistance

*Minnesota Care ama Medical Assistance*

No coverage

*Ma qabaan ceymis*

I provide coverage

*Aniga ayaa bixiya ceymiska*

Other parent provides coverage

*Waalidka kale ayaa bixiya ceymiska*

Other: \_\_\_\_\_

*Wax kale:* \_\_\_\_\_

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

*Waxaan rabaa in aan baddalo habka ceymiska daryeelka caafimaadka la siiyo cunugga (caruurta). (Sharax waxa aad rabtid in la baddalo, iyo sababta)* \_\_\_\_\_

\_\_\_\_\_

c) Health care coverage is available for the child(ren) through my work or union:

YES  NO If Yes, answer the following:

*Cunugga (caruurta) waxay ceymiska daryeelka caafimaadka ka heli karaan shaqadeyda ama ururka shaqaalaha:*

HAA  MAYA *Haddii ay Haa tahay, ka jawaab kuwa soo socoda:*

i. Cost of monthly health care coverage for self: \$ \_\_\_\_\_  
*Kharashka ceymiska daryeelka caafimaadka kugu baxa adiga bil kasta: \_\_\_\_\_*

ii. Cost of monthly health care coverage for dependents: \$ \_\_\_\_\_  
*Kharashka ceymiska daryeelka caafimaadka ku baxa ku tiirsaneyaasha bil kasta: \$ \_\_\_\_\_*

iii. Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ \_\_\_\_\_  
*Kharashka ceymiska ilkaha kugu baxa adiga bil kasta (haddii uu gaar ka yahay ceymiska daryeelka caafimaadka): \$ \_\_\_\_\_*

iv. Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ \_\_\_\_\_  
*Kharashka ceymiska ilkaha ku baxa ku tiirsaneyaasha bil kasta (haddii uu gaar ka yahay ceymiska daryeelka caafimaadka): \$ \_\_\_\_\_*

If coverage is not available through your work, have you checked on the cost of buying private insurance to cover the health needs of the child(ren)?  YES  NO

If yes, what is the cost? \$ \_\_\_\_\_ per month.

*Haddii aadan ceymis ka heli karin shaqadaada, ma fiirisay kharashka ku baxa ceymiska gaar loo leeyahay si loo daboolo baahida caafimaadka cunugga (caruurta).*

HAA  MAYA

*Haddii ay haa tahay, maxuu yahay kharashka ku baxa? \$ \_\_\_\_\_ halkii bil.*

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

Yes  No If no, skip to #7.

*Waxaan maxkamadda ka codsanaa in ay baddasho ammarka maxkamadda ku saabsan Xanaanada Cunugga/Waajibka Xanaanada Cunugga:*  Haa  Maya

*Haddii ay maya tahay, u gudub #7.*

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

*Aniga waxaan weydiisanaa ammar cusub oo ku saabsan kharashka ku baxa xanaanada cunugga/xanaanada maalinta maxaa yeelay:*

There is no court ordered child care obligation and I have child care expenses.

*Ma jiro ammar ka soo baxay maxkamadda oo igu ammay in aan bixiyo waajibka xanaanada cunugga iyo waxaan qabaa kharashka ku baxa xanaanada cunugga.*

The cost of child care has changed. It has  increased  decreased.

*Kharashka ku baxa xanaanada cunugga waa isbaddashay. Waa  badatay  yaraatay.*

County assistance with child care expenses has changed.

*Waxaa isbaddalay kaalmada dagmada ku bixiso kharashka xanaanda cunugga.*

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)

*Aniga waxaan u baahanahay in la baddalo ammarka masaruufka xanaanda cunugga maxaa yeelay: (Isticmaal booskaan si aad u sharaxdid waxa isbaddalay iyo sida taa u saameyso kharashka)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) The **current** total monthly costs of child care are \$ \_\_\_\_\_

*Iskudarka kharashka xanaanada cunugga la bixiyo bil kasta **iminka** waa* \_\_\_\_\_

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

*Haddii uu jiro ammar ka soo baxay maxkamadda oo la xariira kharashka xanaanada cunugga, sheeg xisaabta maxkamadda ammartay: \$* \_\_\_\_\_

*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.*

*Fiiri Ammarka Masaruufka Cunugga lagu saaray iminka si aad uga jawaabtid su'aalaha xiga. Haddii aadan haysanin Ammarkaada, la xariir Maamulka Maxkamadda ama tag maxkamadda si aad u heshid koobi. Waxaad u baahan tahay in aad caddeysid in xaaladahaada maanta si muuqato ugu duwan yahiin sida ay ahaan jireen waqtiga la soo saaray ammarkii ugu dambeyay, iyo in isbaddalada ay ammarka iminka jira ka dhigaan wax aan xaq ahayn.*

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

*Ammarka masaruufka jira waxaa soo saartay maxkamadda Dagmada* \_\_\_\_\_  
*waxaana ku qoran taariikhda* \_\_\_\_\_.

8. At the time the existing order was issued **I** was:  
*Waqtiga ammarka jira la soo saaray waxaan ahaay qof:*
- Unemployed  
*Aan shaqeynin*
  - Employed at \_\_\_\_\_ (company or occupation) with a monthly gross income of \$\_\_\_\_\_ from this employment.  
*Ka shaqeyaa \_\_\_\_\_ (shirkad ama meel laga shaqeeyo) oo shaqadaan bil kasta ka qaataa dakhliga guud ee \$\_\_\_\_\_.*

I had other monthly gross income totaling \$\_\_\_\_\_ or  none from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).  
*Waxaa kaloo bil kasta i soo geli jirtay dakhliga guud ee \$\_\_\_\_\_ ama  waxba waxayna iga soo geli jirtay \_\_\_\_\_ (qor liiska dhamaan ilaha, sida magta shaqo la'aanta, magta shaqaalaha, soshal sekuriti, ama ilo kale).*

9. At the time the existing order was issued **the other parent** was:  
*Waqtiga la soo saaray ammarka jira, **waalidka kale** wuxuu ahaa qof:*
- Unemployed  
*Aan shaqeynin*
  - Employed at \_\_\_\_\_ (company or occupation) with a monthly gross income of \$\_\_\_\_\_ from this employment.  
*Ka shaqeyaa \_\_\_\_\_ (shirkad ama meel laga shaqeeyo) oo shaqadaan bil kasta ka qaataa dakhliga guud ee \$\_\_\_\_\_.*
  - The order does not include this information, or I don't know this information.  
*Macluumaadkaan kuma jiro ammarkaan, ama Aniga ma ogsooni macluumaadkaan.*

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).  
*Waalidka kale waxaa bil kasta soo gala iskudarka dakhliga guud \$\_\_\_\_\_ ama  Waxba ama  Aniga ma ogsooni: \_\_\_\_\_ (qor liiska dhamaan ilaha, sida magta shaqo la'aanta, magta shaqaalaha, soshal sekuriti, ama ilo kale).*

10. At the time the existing order was issued, the child(ren) 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.  
*Waqtiga ammarkaan jira la soo saaray, cunugga (caruurta) ku qoran kor #2 waxay qaateen soshal sekuriti ama manaafacaadka dadka ka soo noqda dagaalada oo ah:  Waxba AMA \$ \_\_\_\_\_ bil kasta sida ku saleysan  itaal darrideyda  itaal darrida waalidka kale. Xisaabtaan waxaa la siiyaa  aniga  waalidka kale.*

**Current Information About Me**

***Macluumaadka Iminka Jira ee Aniga Igu Saabsan***

11. I am currently (*check all that apply*):  
*Iminka Aniga waxaan ahay qof (calaamee dhamaan inta lagu dabaqo):*  
 Married     Separated     Divorced  
*Guursaday    Ay kala tageen qofkii ay is qabeen    Ay is fureen qofkii ay is qabeen*  
 Living with a companion     Single  
*La nool wehel    Keligii ah*
12. I am currently  employed  unemployed (*if employed, answer the following*):  
*Aniga iminka waan  shaqeyaa  ma shaqeeyi*  
*(Haddii aad shaqeysid, ka jawaab kuwa soo socda):*
- a. Employer: \_\_\_\_\_  
*Loo shaqeeyaha: \_\_\_\_\_*
  - b. Address: \_\_\_\_\_  
*Cinwaanka: \_\_\_\_\_*
  - c. Work telephone number: \_\_\_\_\_  
*Nambarka telefoonka shaqada: \_\_\_\_\_*
  - d. Occupation /Type of work: \_\_\_\_\_  
*Shaqada /Nooca shaqada: \_\_\_\_\_*
  - e. Length of employment: \_\_\_\_\_  
*Dhererka shaqada: \_\_\_\_\_*
  - f. Supervisor: \_\_\_\_\_  
*Kormeeraha: \_\_\_\_\_*
  - g. Gross Pay: \$ \_\_\_\_\_ This  does  does not include overtime pay.  
*Mushaarka Guud: \$ \_\_\_\_\_ Tani  waxay ku jirtaa  kuma jirto  
mushaarka la qaato waqtiga dheeraadka ah.*
  - h. Paid:  Weekly  Every other week  Twice a month  Monthly  
*La bixiyay:  Todobaad kasta  Todobaad ku dhaaf  Labo jeer bil kasta  
 Hal mar bil kasta*
  - i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.  
*Horay waxaa u shaqaaleyay \_\_\_\_\_  
muddo \_\_\_\_\_ sanno, shaqada kore ka hor.*
13. I have the following additional sources of income:  
*(Enter amount, or zero)*  
*Waxaan dakhli ka helaa ilaha dheeraadka ee soo socda:*  
*(Geli xisaabta, ama eber)*
- |  |          |                                     |          |
|--|----------|-------------------------------------|----------|
| Commissions  | \$ _____ | Pension Payments                    | \$ _____ |
| <i>Guddiyada</i>   | \$ _____ | <i>Bixinta Lacagaha Dhaxalka</i>    | \$ _____ |
| Annuity Payments   | \$ _____ | Unemployment Benefits               | \$ _____ |
| <i>Lacaga joogtada loo qaato</i>   | \$ _____ | <i>Manaafacaadka Shaqo La'aanta</i> | \$ _____ |
| Military / Naval Retirement  | \$ _____ | Workers' Compensation               | \$ _____ |
| <i>Ciidamada / Hawlgabnimada Ciidamada Badda</i>                                     | \$ _____ | <i>Magta Shaqaalaha</i>             | \$ _____ |
| Spousal Maintenance Received   | \$ _____ | Disability Payments                 | \$ _____ |
| <i>Kharashka Taakuleynta Xaaska ee la Qaato</i>                                      | \$ _____ | <i>Lacagaha Itaal Darrida</i>       | \$ _____ |
| "RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) \$ _____ |          |                                     |          |

THIS FORM MUST BE COMPLETED IN ENGLISH (*FOOMKAAN WAA IN LAGU BUUXIYO INGIRIISI.*)

“*RSDI*” *Hawlgabnimada Soshal Sekuritiga (Social Security Retirement), Dakhliga Kuwa Nool ama Itaal Darrida (ma aha SSI)* \$ \_\_\_\_\_  
Tribal or per capita income \$ \_\_\_\_\_  
*Dakhliga soo gala qabiilka ama soo gala qofka* \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
*Shaqada Qofka Iskiisa u Shaqeysto* \$ \_\_\_\_\_ *Wax kale* \$ \_\_\_\_\_

14. **Proof of my income is attached to Form 11.2, which I will file with the court and serve on the other parent. (Attach pay stubs or tax return)**

***Caddeynta dakhligeyga waxay ku lifaaqan tahay Foomka 11.2, kaasoo aan u gudbin doono maxkamadda iyo aan gaarsiin doono waalidka kale. (Ku lifaaq dabada jeegagga ama canshuur celinta)***

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

*Aniga waxaan helay (calaamee oo kelkiya haddii lagu dabaqi karo)*

MFIP  Medical Assistance  MinnesotaCare  General Assistance

*MFIP Kaalmada Caafimaadka Daryeelka Minnesota*

*Kaalmada Guud*

SSI  Child Care Assistance

*SSI Kaalmada Xanaanada Cunugga*

16. The children currently receive social security or veteran’s benefits in the amount of \$ \_\_\_\_\_ per month based on  my disability  the other parent’s disability. This is paid to  me  other parent.

*Caruurta waxay iminka qaataan soshal sekuriti ama manaafacaadka kuwa ka soo noqday dagaalada oo ah \$ \_\_\_\_\_ halkii bil taasoo ku saleysan  itaal darrideyda  itaal darrida waalidka kale. Tani waxaa ley siiyaa  aniga  waalidka kale.*

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

YES  NO *If yes, how much?* \_\_\_\_\_

*Maxkamadda ayaa igu ammartay in aan bixiyo taakuleynta xaaska bil kasta.*

HAA  MAYA *Haddii ay haa tahay, intee?* \_\_\_\_\_

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

Yes  No

*Caruurta ku sugan #2 waxaa sii dheer in Aniga aan ahay waalidka sharciga cunug kale oo yar (aan naga dhexeynin):*

Haa  Maya

You are probably the legal parent if:

*Waxay u badan tahay in adiga aad tahay waalidka sharciga, haddii:*

- You are the biological mother, and your parental rights have not been terminated  
*Adiga aad tahay hooyada laxmiga, lana joojinin xuquuqdaada waalidnimadaada*

- You legally adopted the child

*Sharci ahaan, adiga waxaad la wareegtay korinta cunugga*

- You are the biological father, and your parental rights have not been terminated, and one of the following is true:

*Adiga aad tahay aabaha laxmiga, lana joojinin xuquuqdaada waalidnimo, iyo mid ka mid ah kuwa soo socdana yahiin run:*

- you were married to the mother when the child was conceived or born



THIS FORM MUST BE COMPLETED IN ENGLISH (*FOOMKAAN WAA IN LAGU BUUXIYO INGIRIISI.*)

- *waxaad guursatay hooyada marka ay cunugga qaaday ama uu dhashay*
- you were found to be the father in a Paternity action  
*waxaa lagu gartay in aad tahay aabaha dacwadda Aabanimada*
- you signed a Recognition of Parentage (ROP) or other legal document in which you and the mother acknowledged you are the father  
*waxaad saxiixday Aqoonsiga Waalidnimada (Recognition of Parentage) (ROP) ama warqad kale oo sharci ah, adiga ama hooyada aad ku aqoonsateen in aad tahay aabaha*
- you have a court order regarding child support for the child  
*maxkamadda ayaa kugu ammartay in aad bixisid masaruufka cunugga*

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

*Qor liiska caruurta aan idinka dhexeynin (Ha qorin liiska caruurta idinka dhexeyso oo aad horay ugu qortay #2)*

<b>Child's Name (or "none")</b> <i>Magaca Cunugga (ama waxba")</i>	<b>Date of Birth</b> <i>Taariikhda Dhalasho</i>	<b>Court-ordered support you pay for this child*</b> <i>Maxkamadda miyaa kugu ammartay in aad bixisid masaruufka cunuggaan*</i>	<b>Does this child live in your home at least 50% of the time?</b> <i>Gurigaada miyuu ku nool yahay cunugaada ugu yaraan 50% waqtiga?</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Haa <input type="checkbox"/> Maya

*(Attach a page if more space is needed)*

*(Ku lifaaq bog haddii aad u baahan tahay boos dheeraad ah)*

\*If ordered to pay child support for any child listed above, provide copies of court orders.

*\*Haddii laguugu ammro in aad bixisid masaruufka cunugga ee cunug kasta oo kor ku qoran, waxaad ammarada keentaa maxkamadda.*

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.*):  
*Kharashka iminka igu baxa bil kasta waa sida soo socota: (Haddii aad guursatay, ku dar dhamaan kharashka reerka). Qor liiska dhamaan kharashkaada, xattaa haddii uu jiro qof kale oo kugu kaalmeeyo in aad bixisid.):*

		<b>Monthly Payment at Present Time <i>Kharashka la Bixiyo Bil Kasta Waqtiga Xaadirka</i></b>
a.	<input type="checkbox"/> House payment or <input type="checkbox"/> Rent <i>Bixinta deynta guriga ama Kirada</i>	\$ _____
b.	Real Estate Taxes, if not included in (a) <i>Canshuurta Hantida Ma Guuraanka, haddii aan lagu darin (a)</i>	\$ _____
c.	Association Dues or Lot Rent (for property) <i>Kharashka Ururada ama Kirada Dhulka (xagga hantida)</i>	\$ _____
d.	Insurance: <i>Ceymiska:</i>	
	Homeowners, if not included in (a) <i>Milkiileyaasha guriga, haddii aysan ku jirin (a)</i>	\$ _____
	Car <i>Baabuur</i>	\$ _____
	Life <i>Nolosha</i>	\$ _____
e.	Utilities: (Average Monthly Amount) <i>Danabka: (Xisaabta Bil Kasta la Bixiyo)</i>	
	Gas <i>Shidaal</i>	\$ _____
	Electricity <i>Korantada</i>	\$ _____
	Telephone <i>Telefoonka</i>	\$ _____
	Water and garbage <i>Biyaha iyo qashinka</i>	\$ _____
	Cable TV <i>Kable TV</i>	\$ _____
f.	Food <i>Raashinka</i>	\$ _____
g.	Clothing <i>Labbiska</i>	\$ _____
h.	Laundry/dry cleaning <i>Dhar dhaqa/nadiifinta qaleel</i>	\$ _____
i.	Personal allowances and incidentals <i>Gunnada qofka iyo kharashka caadiga</i>	\$ _____
j.	Magazine and newspapers <i>Majalaadka iyo wargeysyada</i>	\$ _____
k.	Uninsured / unreimbursed medical expenses <i>Aan ku jirin ceymis / kharashka caafimaadka</i>	\$ _____

*aan la soo celinin*

- l. Uninsured / unreimbursed dental expenses \$ \_\_\_\_\_  
*Aan ku jirin ceymis / kharashka ilkaha aan la soo celinin*
- m. Child care expenses \$ \_\_\_\_\_  
*Kharashka ku baxa xanaanada cunugga*
- n. Transportation expenses:  
*Kharashka gaadiidka:*
  - Bus, Train, Taxi \$ \_\_\_\_\_  
*Bas, Treen, Taksi*
  - Car payment \$ \_\_\_\_\_  
*Bixinta deynta baabuurka*
  - License \$ \_\_\_\_\_  
*Shattiga*
  - Gasoline \$ \_\_\_\_\_  
*Shidaalka*
  - Repair \$ \_\_\_\_\_  
*Hagaajinta*
- o. Recreation/Entertainment \$ \_\_\_\_\_  
*Nasashada/fanka*
- p. Child(ren)'s needs (sports/school/hobbies) \$ \_\_\_\_\_  
*Baahida cunugga (caruurtaan) isboorti/dugsi/balwad*
- q. Allowances \$ \_\_\_\_\_  
*Gunnada*
- r. Other (list) \_\_\_\_\_ \$ \_\_\_\_\_  
*Wax kale (liiska)*

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_  
***KHARASHKA BIL KASTA LA BIXIYO:***

Charge accounts and loans (list):  
*Baddal xisaabaadka iyo deynta (liiska):*

Name of Account/loan <i>Magaca Xisaabta/deynta</i>	Balance Owed <i>Baaqiga la Qabo</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

*(Attach a page if more space is needed)*  
*(Ku lifaaq bog haddii aad u baahan tahay boos dheeraad ah)*

20. The following people help me pay my current monthly expenses listed in question 19:  
*Dadka soo socda waxay igu kaalmeyaan in aan bixiyo kharashka aan iminka bixiyo bil kasta ee ku qoran su'aasha 19:*

- Spouse     Companion     Roommate(s)     Relatives  
*Xaaska      Wehelka      La dagganaha(La dagganeyaasha)      Qaraabad*
- No One  
*Qofna*

21. The value of the property I currently own by myself or with someone else is:  
*Qiimaha hantida ma guuraanka oo aan iminka leeyhay ama qof kale ku maqan waa:*

- Home \$ \_\_\_\_\_  
*Home \$ \_\_\_\_\_*
- Household goods \$ \_\_\_\_\_  
*Alaabta reerka \$ \_\_\_\_\_*
- Purchase price of my home \$ \_\_\_\_\_  
*Sicirka lagu iibiyo gurigeyga \$ \_\_\_\_\_*
- Balanced owed on my home \$ \_\_\_\_\_  
*Baaqiga ku haray in la bixiyo gurigeyga \$ \_\_\_\_\_*
- Other real estate \$ \_\_\_\_\_  
*Hanti ma guuraan kale \$ \_\_\_\_\_*
- Checking/savings \$ \_\_\_\_\_  
*Xisaabta wareegta/xisaabta keydka \$ \_\_\_\_\_*
- Automobiles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_  
*Baabuurta \$ \_\_\_\_\_ (sannadka iyo nooca) \_\_\_\_\_*
- Recreational vehicles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_  
*Baabuurta nasashada \$ \_\_\_\_\_ (sannadka iyo nooca) \_\_\_\_\_*
- Personal property \$ \_\_\_\_\_  
*Hanti ma guuraan shakhsiga leeyahay \$ \_\_\_\_\_*
- Stocks/bonds/etc. \$ \_\_\_\_\_  
*Stock/bond/iwm. \$ \_\_\_\_\_*

**Current Information about Other Parent**

***Macluumaadka Iminka Jira ee ku saabsan Waalidka Kal***

22. To the best of my knowledge, the other parent is currently:

*Ilaa inta aan ogsoonahay aniga, iminka waalidka kale:*

- employed     unemployed     I don't know  
*Waa shaqeeyaa    Ma shaqeeyo    Ma ogsooni*

(If employed, answer what you know)

*(Haddii aad shaqeysid, ka jawaab waxa aad ogsoon tahay)*

- a. Employer: \_\_\_\_\_  
*Loo shaqeeyaha: \_\_\_\_\_*
- b. Address: \_\_\_\_\_  
*Cinwaanka \_\_\_\_\_*
- c. Work telephone number: \_\_\_\_\_  
*Nambarka telefoonka shaqada: \_\_\_\_\_*
- d. Occupation / Type of work: \_\_\_\_\_  
*Mihnada / Nooca shaqada: \_\_\_\_\_*
- e. Length of employment: \_\_\_\_\_

- Dhererka shaqada:* \_\_\_\_\_
- f. Supervisor: \_\_\_\_\_  
*Kormeeraha:* \_\_\_\_\_
- g. Gross Pay: \$ \_\_\_\_\_ This  does  does not include overtime pay.  
*Mushaarka Guud:* \$ \_\_\_\_\_ *Tani*  *waxay ku jirtaa*  *kuma jirto*  
*mushaarka la qaato waqtiga dheeraadka ah.*
- h. Paid:  Weekly  Every other week  Twice a month  Monthly  Unknown  
*La bixiyay:*  *Todobaad kasta*  *Todobaad ku dhaaf*  *Labo jeer bil kasta*  
 *Bishii hal mar*  *Lama ogsaaona*
- i. Previously employed by \_\_\_\_\_  
 for \_\_\_\_\_ years prior to the above employment.  
*Horay waxaa u shaqaaleyay* \_\_\_\_\_  
*muddo* \_\_\_\_\_ *sanno, shaqada kore ka hor.*

23. To the best of my knowledge, the other parent has the following additional sources of income: (*enter amount, or zero*)

*Ilaa inta aan ogsoonahay, waalidka kale wuxuu dakhli ka helaa ilaha dheeraadka ah ee soo socda: (geli xisaabta, ama eber)*

Commissions	\$ _____	Pension Payments	\$ _____
<i>Guddiyada</i>	\$ _____	<i>Bixinta Lacagah Dhaxalka</i>	\$ _____
Annuity Payments	\$ _____	Unemployment Benefits	\$ _____
<i>Lacaga joogtada loo qaato</i>	\$ _____	<i>Manaafacaadka Shaqo La'aanta</i>	\$ _____
Military / Naval Retirement	\$ _____	Workers' Compensation	\$ _____
<i>Hawlgabnimada Militariga / Ciidamada Badda</i>	\$ _____	<i>Magta</i>	
<i>Shaqaalaha</i>	\$ _____		
Spousal Maintenance Received	\$ _____	Disability Payments	\$ _____
<i>Kharashka Taakuleynta Xaaska ee la Qaato</i>	\$ _____	<i>Lacagaha Itaal</i>	
<i>Darrida</i>	\$ _____		
"RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) \$ _____			
<i>"RSDI" Hawlgabnimada Soshal Sekuritiga (Social Security Retirement), Dakhliga Kuwa Nool ama Itaal Darrida (ma aha SSI)</i>			
Tribal or per capita income	\$ _____		
<i>Dakhliga soo gala qabiilka ama soo gala qof kasta</i>			
Self-Employment	\$ _____	Other	\$ _____
<i>Qofka Iskiisa u Shaqeysto</i>	\$ _____	<i>Wax kale</i>	\$ _____

24. To the best of my knowledge, the other parent receives:  
*Ilaa inta aan ogsoonahay, waalidka kale wuxuu qaataa:*

- |                               |  |  |   |
|-------------------------------|--|--|---|
| <input type="checkbox"/> MFIP | <input type="checkbox"/> Medical Assistance    | <input type="checkbox"/> MinnesotaCare | <input type="checkbox"/> General Assistance |
| <i>MFIP</i>                   | <i>Kaalmada Caafimaadka</i>                    | <i>MinnesotaCare</i>                   | <i>Kaalmada Guud</i>                        |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> Child Care Assistance |  |   |
| <i>SSI</i>                    | <i>Kaalmada Xanaanada Cunugga</i>              |  |   |

25. To the best of my knowledge, the other parent is ordered to pay spousal maintenance:  
*Ilaa inta aan ogsoonahay, waalidka kale waxaa lagu amray in uu bixiyo taakuleynta xaaska:*

- |                              |  |                               |                                       |
|------------------------------|--|-------------------------------|---------------------------------------|
| <input type="checkbox"/> YES | <i>If yes, how much?</i> _____           | <input type="checkbox"/> NO   | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> HAA | <i>Haddii ay haa tahay, intee?</i> _____ | <input type="checkbox"/> MAYA | <input type="checkbox"/> Ma ogsooni   |

THIS FORM MUST BE COMPLETED IN ENGLISH (*FOOMKAAN WAA IN LAGU BUUXIYO INGIRIISI.*)

26. To the best of my knowledge, the “other parent” is the legal parent of minor children from a different relationship as listed below.

*Ilaa inta aan ogsoonahay, "waalidka kale" waa waalidka sharciga caruurta yaryar kuwasso ka dhashay xariir kale sida ku qoran hoos.*

<b>Child’s Name (or “none”)</b>  <i>Magaca Cunugga (ama “waxba”)</i>	<b>Date of Birth</b>  <i>Taariikhda Dhalasho</i>	<b>Court-ordered to pay support for this child?</b>  <i>Maxkamadda miyaa ammartay in la bixiyo masaruufka cunuggaan?</i>	<b>Does this child live with “other parent”?</b>  <i>Cunugaan ma la nool yahay "waalidka kale"?</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Haa</i> <input type="checkbox"/> <i>Maya</i>

27. The information contained in this Affidavit is true and correct to the best of my knowledge.  
*Macluumaadka ku jira Warqadda Dhaarta waa run, waana sax ilaa inta aan ogsoonahay.*

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

*Taariikhda:*

Sworn / affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Court Administrator

*Lagu dhaariyaya / la hubiyay aniga horteyda maalinta* \_\_\_\_\_

\_\_\_\_\_  
*Notaayada Dadweynaha / Maamulaha Maxkamadda*

\_\_\_\_\_  
Signature

*(Sign only in presence of Notary or Court Deputy) Saxiixa (Saxiix oo keliya marka aad hor taagan tahay Notaayada ama Maamulaha Maxkamadda)*

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

*Daabac Magaca:*

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

*Cinwaanka:*

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

*Magaalada/Gobolka/Zip:*

Telephone: (\_\_\_\_\_) \_\_\_\_\_

*Telefoonka:*