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 Modify Medical Support ONLY

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

1. My name is _____ .

2. In this case, medical support is for:

Child's Name	Date of Birth	Is there court-ordered parenting time?
		◯ YES ◯ NO
		◯ YES ◯ NO
		◯ YES ◯ NO
		◯ YES ◯ NO
		◯ YES ◯ NO

(Attach a page if more space is needed)

If you and the other parent have any other minor children together who are not a part of this court case, write the children's names and dates of birth here:

_____

_____

3. The current order that states which party is to provide medical or dental insurance and divides the costs of insurance, was issued by the court in _____ County and is dated _____

.

NOTE: If the order is more than three (3) years old, or if the order reserves the issue of medical support, DO NOT USE THIS FORM. Use the *Motion to Modify Child Support* Form packet instead.

4. I am ONLY asking the court to modify the current medical support. I will provide proof to support my requests below. **I request a change only in the current medical support part of the order because of: (check all that apply)**

   ☐ Change in the availability of medical and/or dental insurance coverage for the joint children. The parent currently ordered to provide coverage is ○ me ○ other party.

   ☐ Substantial change in the cost of medical and/or dental insurance coverage for the joint children.

   ☐ Change in eligibility for Medical Assistance for the ☐ children ☐ me ☐ other party.

   ☐ Parent ordered to provide coverage has not provided coverage for the joint children.

   ☐ Tax dependency exemption is not ordered to be with the parent ordered to carry coverage.

   ☐ Tax dependency exemption was not addressed in the current order and the noncustodial parent is ordered to carry the coverage.

NOTE: This form CANNOT be used to change the percentage share of the cost of coverage or the percentage share of out of pocket medical and dental expenses (for example deductibles and co-pays). Use the *Motion to Modify Child Support* Form packet instead.

5. I make the following other comments in support of my request for a change in Medical Support in my current order. (Explain the items you checked at #4. For example, why has the availability of medical and/or dental insurance changed? How much has the cost changed? Attach documents or bills that help to prove what you are saying.)

_____

_____

_____

_____

_____

_____

If you need more space, attach a sheet of paper .

6. The children currently have health care coverage as follows (this may be different than what is currently ordered):

   ☐ MinnesotaCare

   ☐ Medical Assistance

   ☐ No coverage

   ☐ I provide coverage

☐ Other parent provides coverage

☐ Other _____

a) Is the person actually providing the coverage, as stated above, the person ordered to provide the coverage? ○ Yes ○ No

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

○ Yes ○ No If yes, answer the following:

i. Cost of monthly health care coverage for self: _____

ii. Cost of monthly health care coverage for dependents: _____

iii. Cost of monthly dental insurance for self (if separate coverage from health care coverage): _____

iv. Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): _____

c) 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 children?

○ Yes ○ No If yes, what is the cost? _____per month.

7. I receive *(check only if it applies)*:

☐ MinnesotaCare

☐ Medical Assistance

☐ General Assistance

☐ SSI

8. To the best of my knowledge, the other parent receives:

☐ MinnesotaCare

☐ Medical Assistance

☐ General Assistance

☐ SSI

I declare under penalty of perjury that everything that 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: _____