|  |  |  |  |
| --- | --- | --- | --- |
| State of Minnesota |  |  | **District Court** |
| County of  |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: |  |

□ In Re the Marriage of:

Petitioner

**Affidavit in Support of Responsive Motion to**

and **Modify Child Support**

Respondent

Intervenor

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

1.My name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In this case, I am the

 🞎 Obligor *(paying child support)*

 🞎 Obligee (*receiving child support)*

2. In this case, child 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 |

*(Include an additional page if more space is needed)*

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:

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

**Reasons Why the Existing Support Order Should or Should Not Be Changed**

3.*Choose one option*

🞎 I do not want the current child support order changed. There has not been a substantial change of circumstances for me or the other parent, since the order was issued. (*If you want to comment on the other parent’s statements about changes in finances or other circumstances, do that here*):

*If you need more space, include another sheet of paper.*

**OR**

🞎 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)**

* Substantial change in gross income for 🞎 me 🞎 other party
* Substantial change in needs for 🞎 me 🞎 other party 🞎 children in this case
* Change in receipt of public assistance for 🞎 me 🞎 other party
* Substantial change in cost-of-living for 🞎 me 🞎 other party

🞎 New, extraordinary medical or dental expenses for the children in this case

🞎 Change in receipt of social security benefits for 🞎 me 🞎 other party 🞎 child

🞎 Change in the residence of the children

🞎 Emancipation of a child (name of child):

🞎 Substantial change in the Parenting Expense Adjustment for 🞎 me 🞎 other party

(*Answer #4 if you are asking for a change to the current support order*)

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? Include documents or bills that help to prove what you are saying.)*

 *If you need more space, include another sheet of paper.*

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

 **🞎 Yes 🞎 No**  If no, skip to #6.

1. Currently, the children have health care coverage as follows:

 🞎 Minnesota Care or Medical Assistance

 🞎 No coverage

 🞎 I provide coverage

 🞎 Other parent provides coverage

 🞎 Other:

1. I want to change the way health care coverage is provided for the children. *(Explain*

 *what you want changed, and why)*

1. Health care coverage is available for the children through my work or union:

 🞎YES🞎NOIf Yes, answer the following:

1. Cost of monthly health care coverage for self: $
2. Cost of monthly health care coverage for dependents: $
3. Cost of monthly dental insurance for self (if separate coverage from health care coverage): $
4. Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): $

 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.

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

 **🞎 Yes 🞎 No** If no, skip to #7.

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

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

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

 🞎 County assistance with child care expenses has changed.

1. 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)*

1. The **current** total monthly costs of child care are $
2. If there is an existing court order for monthly child care expenses, state the court-ordered amount: $

*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.*

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

8. At the time the existing order was issued **I** was:

 🞎 Unemployed

🞎 Employed at (company or occupation) with a monthly gross income of $           from this employment.

I had other monthly gross income totaling $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or 🞎 none

from (list all sources, such as unemployment compensation, workers’ compensation, social security, or other source).

9. At the time the existing order was issued **the other parent** was:

 🞎 Unemployed

 🞎 Employed at (company or occupation) with a monthly gross income of $          from this employment.

 🞎 The order does not include this information, or I don’t know this information.

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).

10. At the time the existing order was issued, the children 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.

**Current Information About Me**

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

 🞎 Married 🞎 Separated 🞎 Divorced 🞎 Living with a companion 🞎 Single

12. I am currently 🞎 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.

13. I have the following additional sources of income*: (Enter amount, or zero)*

 Commissions $ Pension Payments $

 Annuity Payments $ Unemployment Benefits $

 Military / Naval Retirement $ Workers’ Compensation $

 Spousal Maintenance Received $ Disability Payments $

 “RSDI” Social Security Retirement, Survivors or Disability Income (not SSI)$

 Tribal or per capita income $

 Self-Employment $ Other $

14. **I will file proof of my income and Form 11.2 with the court and serve on the other parent. (Include pay stubs or tax return)**

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

🞎 MFIP 🞎 Medical Assistance 🞎 MinnesotaCare

🞎 General Assistance 🞎 SSI 🞎 Child Care Assistance

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.

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

 🞎YES🞎 NO *If yes, how much?*

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

🞎 Yes 🞎 No

*You are probably the legal parent if:*

* *You are the biological mother, and your parental rights have not been terminated*
* *You legally adopted the child*
* *You are the biological father, and your parental rights have not been terminated, and one of the following is true:*
	+ *you were married to the mother when the child was conceived or born*
	+ *you were found to be the father in a Paternity action*
	+ *you signed a Recognition of Parentage (ROP) or other legal document in which you and the mother acknowledged you are the father*
	+ *you have a court order regarding child support for the child*

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name (or “none”)** | **Date of****Birth** | **Court-ordered support you pay for this child\*** | **Does this child live in your home at least 50% of the time?** |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |

*If you need more space, include another page.*

\*Provide copies of current support orders for these nonjoint children.

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.)*:

 **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 $

 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:

 Bus, Train, Taxi $\_\_\_\_\_\_\_\_\_\_\_

Car payment $

 License $

 Gasoline $

 Repair $

 o. Recreation/Entertainment $

 p. Children's needs (sports/school/hobbies) $

 q. Allowances $

r. Other (list)                            $

**TOTAL MONTHLY EXPENSES: $**

 Charge accounts and loans (list):

 Name of Account/loan Balance Owed

 1. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

20. The following people help me pay my current monthly expenses listed in question 19:

 🞎 Spouse 🞎 Companion 🞎 Roommate(s) 🞎 Relatives 🞎 No One

21. 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. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Court-ordered Parenting Time**

22. Is there a court order that includes a parenting time schedule? 🞎 YES 🞎 NO

If YES, answer #23 - #25. If NO, skip to #26.

23. The court order that talks about parenting time is in:

🞎 this case (same court file number) / 🞎 a different case (court file number: \_\_\_\_\_\_\_\_\_)

24. Do you have court-ordered **equal parenting time**? 🞎 Yes 🞎 No

25. What is the annual number of overnights awarded to each parent in the court order?

 NOTE: The “annual number of overnights” is based on a two-year average.

* If there is equal parenting time, use 182.5 overnights for each parent.
* If a parent’s parenting time is reserved, that parent has 0 (zero) overnights.
1. Number of overnights awarded to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of overnights awarded to the other parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Information about Other Parent**

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

🞎 employed 🞎 unemployed 🞎 I don’t know

*(If employed, answer what you know)*

a. Employer:

1. Address:
2. 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*: (enter amount, or zero)*

Commissions $ Pension Payments $

 Annuity Payments $ Unemployment Benefits $

 Military / Naval Retirement $ Workers’ Compensation $

 Spousal Maintenance Received $ Disability Payments $

 “RSDI” Social Security Retirement, Survivors or Disability Income (not SSI)$

 Tribal or per capita income $

 Self-Employment $ Other $

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

🞎 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:

 🞎YES *If yes, how much?*  🞎 NO 🞎 I don’t know

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name (or “none”)** | **Date of****Birth** | **Court-ordered to pay support for this child?** | **Does this child live with “other parent”?** |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |
|  |  | **$** | 🞎 Yes 🞎 No |

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated:

 Signature

County and State where signed: Print Name: Address:

 City/State/Zip:

Telephone:

 E-mail address: