

State of Minnesota

County _____

District Court

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

In Re the Marriage of:

Name of Petitioner

and

Name of Respondent

**Affidavit in Support of
Motion to Change Custody**

STATE OF MINNESOTA)
) SS
COUNTY OF _____)

Instructions: If you are only asking the Court to change legal custody, answer questions 1 through 11, 36 and 37. If you are asking the Court to change physical custody or both physical and legal custody, answer all questions.

My name is _____ and I state under oath that:

- I am the (*check one*): Petitioner/Plaintiff Respondent/Defendant other in this case, and I make this *Affidavit* in support of my *Motion to Change Custody*. My relationship to the child(ren) is _____.
- A juvenile court proceeding or 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 file number is _____. The child protection worker's name is _____. A copy of the *Order* is attached.
- An *Order for Protection* involving me and the other party and/or the child(ren) exists: YES NO. If YES, it is in _____ County in the State of _____ and the file number is _____. A copy of the *Order for Protection* is attached.

4. The child(ren) currently live with: Petitioner/Plaintiff Respondent/Defendant who is the child(ren)'s: Mother Father Other relation to the children. The address of the child(ren) is _____ in the City of _____, State of _____, zip code _____.
5. The current custody order which I am requesting be modified is dated _____.
6. The current order grants **legal** custody of the child(ren) as follows:
 Sole legal custody to: Petitioner/Plaintiff Respondent/Defendant Other Joint legal custody to: both parties other _____.
7. Legal custody identifies which parent(s) have the right to make decisions regarding the upbringing of the child including education, health care and religious training.
 I do not want to change **legal** custody.
 I want to change **legal** custody to:
 Sole legal custody in favor of _____, **or**
 Joint legal custody to both parents
8. The current order grants **physical** custody of the child(ren) as follows:
 Sole physical custody to: Petitioner/Plaintiff Respondent/Defendant Other
 Joint physical custody to both parties.
9. Physical custody identifies the person(s) with whom the child(ren) will live.
 I do not want to change **physical** custody.
 I want to change **physical** custody to:
 Sole physical custody in favor of _____, **or**
 Joint physical custody to both parents
10. I want to change physical and/or legal custody, or modify a parenting plan provision specifying the child's primary residence, because: (*check all that apply*):
 a. A change of custody is in the best interests of the child(ren) **and** the parties previously agreed, in a writing approved by a court, to apply the best interests standard from Minnesota

Statutes section 518.17 or 257.025 (**Attach a copy of the court Order approving the agreement**) and either: (*check one*)

- i. Each party was represented by an attorney when the agreement was approved by the court OR
- ii. The court made a finding in the *Order* approving the agreement that the parties were fully informed, the agreement was voluntary, and the parties were aware of its implications.

The change of primary residence is in the best interests of the child(ren) because:

(Explain in detail) _____

_____.

b. Both parties have agreed that it is in the best interests of the minor child(ren) to change custody. **Attached is our signed and notarized agreement.** (Note: The Agreement MUST do more than just state that a change of custody is in the best interests of the minor child(ren). **It MUST explain in detail HOW and WHY the change will be in the child(ren)'s best interests.**)

c. The child(ren) has/have been living with me since the date: _____.

- The child(ren) came to live with me because (*describe the reason(s) the child(ren) came to live with you*): _____

- The child(ren) has/have become integrated into my home in the following way: (give specific examples): _____

-
-
- The child is living with me with the consent of the other parent. YES NO.
If YES, the other parent has said or done the following to make me believe he or she agrees that the child should live permanently with me _____

- d. My child is in danger if s/he lives with the other parent.*

The other parent is putting the child in danger by doing the following: (Give very specific facts and details): _____

* If an extreme emergency exists, request an expedited hearing.

- e. The other parent has denied or interfered with my court-ordered parenting time. The following is a list of each date, in the past 6 months, that I was denied parenting time, and an explanation of exactly what the other parent did on each date to stop my parenting time: _____

11. I understand that the court cannot change custody unless there is a change in the circumstances of the child or parents since the last custody order. The following is a description of the changes that are a basis for modifying the most recent custody order or parenting plan: _____

12. I understand that moving a child to a different family and home can be stressful for the child. I believe that living with the other parent is more harmful to my child(ren) than the stress of moving to a new home and family because: _____

13. I understand that the Judge must decide custody based on what is best for my child(ren), and that by filling in (a) through (o) of this paragraph 13, that I am giving the Judge information needed to make that decision.

a. Describe the custody arrangement you want: _____

Describe the custody arrangement the other parent wants: _____

b. Describe the custody arrangement the child wants: (if the child is old enough to decide) _____

Describe what you do each and every day to take care of your child(ren): (be very detailed) ____

c. In contrast, the other parent does the following each day to take care of the child:

d. Describe the closeness of the relationship of each parent and child: _____

e. Describe the interaction of the child(ren) with each parent, brother, sister, and anyone else who is important to the child(ren) and how that will change with a change in custody: _____

f. Describe the child(ren)'s adjustment to home, school and community:

g. Describe the length of time the child(ren) has/have lived in a stable satisfactory place and the need to stay in that place: _____

h. Describe the permanence, as a family unit, of the existing or proposed custodial home: _____

i. Describe the mental and physical health of all individuals involved:

j. Describe the ability of each parent to give the child(ren) love, affection and guidance and continue educating and to raise the child(ren) in the child(ren)'s culture, religion or creed, if any: _____

k. Describe the child(ren)'s unique cultural needs and what role you play in meeting the cultural needs; then describe the role the other parent plays:

l. There: is is not domestic abuse in my household. The following people are involved in the domestic abuse: (tell how the people are related to the child(ren) and/or to you): _____

The domestic abuse in my household affects the child(ren) in the following way:

- m. There is is not domestic abuse in the other parent's household. The following people are involved in the domestic abuse: (tell how the people are related to the child(ren) and/or to the other parent):

The domestic abuse in the other parent's household affects the child(ren) in the following way:

- n. Describe what you will do to encourage and permit frequent and continuing contact by the other parent with the child(ren); (except when there is domestic abuse):

- o. Describe what the other parent does to encourage or discourage your contact with the child:

14. If the court changes physical custody, the parenting time schedule should be changed. (Check all that apply. Be as complete as possible.)

a. **Changing the existing parenting time schedule to the following schedule:**

Weekends: _____

Week nights or after school: _____

Holidays: _____

Summer: _____

School Holidays: _____

Telephone contact: _____

Other: _____

b. Requiring **supervised parenting time** because: _____

Parenting time should be supervised by: _____

NOTE: You and the other party may have to pay a fee for each supervised visit.

Who should pay the fee? _____

c. Requiring that the child(ren) be transferred **at a parenting time exchange center** if one is located in the area and for both parties to follow all rules of the parenting time exchange

center. **NOTE:** The parenting time exchange center may require the parties to pay a fee for such an exchange. Who should pay the fee? _____

- d. Requiring that the child(ren) be transferred at: _____

Current Information About Me

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

- Married Separated Divorced Living with a companion Single

16. 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.

17. 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 | \$ _____ |

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

19. The joint child(ren) 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.

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

21. I support the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Child support	Living in
			monthly amount	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)

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

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> 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:	
Car payment	\$ _____
License	\$ _____
Gasoline	\$ _____
Repairs	\$ _____
o. Recreation/Entertainment	\$ _____
p. Child(ren)'s needs (sports/school/hobbies)	\$ _____
q. Allowances	\$ _____
r. Other (list) _____	\$ _____
s. Charge accounts and loans (list):	
Name of Account	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

23. The following people help me pay my current monthly expenses listed in question 15:
 Spouse Companion Roommate(s) Relatives No One

24. 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

25. 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.

26. 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 | \$ _____ |

27. 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

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

29. To the best of my knowledge, the other parent supports the following nonjoint child(ren):
- | 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

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

- I am court ordered to carry health care coverage for the joint child(ren)
- I now have private health care coverage available for the joint child(ren)
- I do not have or no longer have private health care coverage available for the joint child(ren)
- I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)
- My proportionate share of health care coverage for the joint child(ren) 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): \$ _____

31. Currently, there is:

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

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

- The other parent is court ordered to carry health care coverage for the joint child(ren)
- The other parent has private health care coverage available for the joint child(ren)
- The other parent does not have or no longer has private health care coverage available for the joint child(ren)
- 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

- 33. 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.

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

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

36. At paragraph/question 7 or 9 of this *Affidavit*, I asked the Court for joint custody:

YES NO. (If NO, go to question 37. If YES, fill in the rest of question 36).

I provide the following information to help the judge decide if joint custody is appropriate:

a. Describe the ability of the parents to cooperate in rearing their child(ren):

b. Describe the methods parents have for working through disagreements regarding major decisions about the child(ren)'s life and their ability to use these methods: _____

c. Describe whether it would be harmful to the child(ren) if one parent had total authority over the child's upbringing: _____

d. Describe whether domestic abuse as defined in Minn. Stat. § 518B.01 has occurred between the parents: _____

37. The following is additional information regarding the reasons I am requesting a change of custody:

Dated: _____

Signature (Sign only in front of notary public or court administrator.)

Name: _____

Subscribed and sworn to before me this

Address: _____

_____ day of _____, _____.

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: _____