

State of Minnesota

District Court

County _____

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

In Re the Marriage of:

Name of Petitioner

and

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

Name of Respondent

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 that:

1. I am the (*check one*): Petitioner Respondent other in this case, and I make this *Affidavit* in support of my *Motion to Change Custody*. My relationship to the child(ren) is _____.

2. A 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.

3. 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 Respondent 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 Respondent 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 Respondent 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/visitation. 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 (k) of this paragraph 13, that I am giving the Judge information needed to make that decision.

a. Describe the child(ren)'s physical, emotional, cultural, spiritual, and other needs: ____

Describe how the custody and parenting time arrangements you are asking the Court to order will affect the child(ren)'s needs and development: _____

b. Describe any special medical, mental health, or educational needs of the child(ren) that may require special parenting arrangements or access to recommended services:

c. Describe the custody arrangement the child(ren) want (the court will decide if the child(ren) is/are of sufficient ability, age, and maturity to state an independent and reliable opinion): _____

d. There is/was is not/was not domestic abuse in my household or relationship with the other parent. There is/was is not/was not domestic abuse in the other parent's household. If there is or was domestic abuse, describe what happened, when the abuse happened, and the situation surrounding the abuse: _____

If there is/was abuse, describe how that abuse may affect parenting, and the child(ren)'s safety, well-being, and developmental needs: _____

e. Describe any physical, mental, or chemical health issues you or the other parent may have that affects the child(ren)'s safety or developmental needs (Chemical health issues could mean issues with drugs, alcohol, or other illegal substances): _____

f. Describe what you have done in the past as well as each and every day to take care of the child(ren): _____

Describe what the other parent has done in the past as well as each and every day to take care of the child(ren): _____

Describe your willingness and ability to maintain consistent, ongoing care to the child(ren) and to meet the ongoing developmental, emotional, spiritual, and cultural needs of the child(ren): _____

Describe the other parent's willingness and ability to maintain consistent, ongoing care to the child(ren) and to meet the ongoing developmental, emotional, spiritual, and cultural needs of the child(ren): _____

g. Describe how any changes to home, school, and community have affected or may affect the child(ren)'s well-being and development: _____

h. Describe how the custody and parenting time you want the court to order will affect the ongoing relationships between the child(ren) and each parent, siblings, and other significant persons in the child(ren)'s life: _____

i. Describe how it will help the child(ren) to have as much parenting time with each parent as possible and how it may harm the child(ren) if parenting time with either parent is limited: _____

j. Describe what you do to encourage the child's relationship with the other parent and permit frequent and continuing contact by the other parent with the child(ren) (except when there is domestic abuse): _____

Describe what the other parent does to encourage or discourage your relationship and contact with the child(ren): _____

k. Describe the willingness and ability of you and the other parent to cooperate in the raising the child(ren). How will you and the other parent share as much information as possible? How will you and the other parent work together to make sure the children are exposed to as little conflict as possible? _____

Describe what methods you and the other parent plan to use for resolving disputes regarding any major decisions concerning the life of the child(ren): _____

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/visitation 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 visitation exchange center** if one is located in the area and for both parties to follow all rules of the visitation exchange center. **NOTE:** The visitation 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 monthly amount \$	Living in 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 / Cell Phone	\$ _____
	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: _____

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

Dated: _____

(Signature)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____