

State of Minnesota

District Court

County

Judicial District:
Court File Number:
Case Type:

\_\_\_\_\_

Petitioner

and

Respondent

AFFIDAVIT OF DEFAULT
OF CHILD SUPPORT JUDGMENT
Minn. Stat. § 548.091, subd. 2a

STATE OF MINNESOTA )
COUNTY OF \_\_\_\_\_ ) SS
(County where Affidavit Signed)

\_\_\_\_\_, states that s/he is the
\_\_\_\_\_.

According to the order dated \_\_\_\_\_, the obligor is to pay \$\_\_\_\_\_
per \_\_\_\_\_ as and for child support. Judgment was obtained by operation of law for
unpaid child support as follows:

Table with 3 columns: Payment Due Date(s), Amount Due, Amount Paid. Multiple rows of horizontal lines for data entry.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The obligor's full name is \_\_\_\_\_. The obligor's last known employer is \_\_\_\_\_. The obligor's last known address is \_\_\_\_\_, in the City of \_\_\_\_\_, State of \_\_\_\_\_. The obligor is not in the Armed Services.

All child support payments are payable to \_\_\_\_\_

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

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_