

State of Minnesota

County _____

District Court

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

Petitioner

and

Respondent

**Affidavit in Support of
Establishing Custody and
Parenting Time**

My name is _____ and I state that:

1. I am the Petitioner in this case, and I make this *Affidavit* in support of my request that the court decide custody and parenting time.

Optional: (check only if requesting)

I am asking the court to establish child support

2. I want the court to grant **legal** custody of the children (*check one*):

a. **Jointly** to both parents

b. **Solely** to (check one):

Me Other party (*print full name*): _____

3. I want the court to grant **physical** custody of the children (*check one*):

a. **Jointly** to both parents

b. **Solely** to (check one):

Me Other parent (*print full name*): _____

4. **Best Interest Factors.** I understand that the Judge must decide custody based on what is best for my children, and that by filling in (a) through (l) of this paragraph 4, that I am giving the judge information needed to make that decision.

a. Describe the children’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 children's needs and development: _____

- b. Describe any special medical, mental health, or educational needs of the children that may require special parenting arrangements or access to recommended services: _____

- c. Describe the custody arrangement the children want (the court will decide if the children 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 children'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 children'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 children: _____

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

- g. Describe your willingness and ability to maintain consistent, ongoing care to the children and to meet the ongoing developmental, emotional, spiritual, and cultural needs of the children: _____
-
-

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

- h. Describe how any changes to home, school, and community have affected or may affect the children's well-being and development: _____
-
-

- i. Describe how the custody and parenting time you want the court to order will affect the ongoing relationships between the children and each parent, siblings, and other significant persons in the children's life: _____
-
-

- j. Describe how it will help the children to have as much parenting time with each parent as possible and how it may harm the children if parenting time with either parent is limited: _____
-
-

- k. 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 children (except when there is

domestic abuse): _____

Describe what the other parent does to encourage or discourage your relationship and contact with the children: _____

1. Describe the willingness and ability of you and the other parent to cooperate in the raising the children. 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 children: _____

5. Parenting Time.

I want the court to order parenting time as follows:

- Grant parenting time scheduled as stated below
- Grant supervised parenting time for the other parent
- Deny parenting time to the other parent

(Use the space below to explain clearly when each parent will have the children. State the time (o'clock) when the children will transfer from one parent to the other. If you want the order to say who will pick up and drop off the children, or where the transfer of the children should take place, include that under "Other.")

Regular Parenting Time Schedule

Monday through Friday: _____

Weekends: _____

Summer (if you want a schedule that is different than the regular one): _____

Telephone contact with the children: Unlimited or Only at certain times as follows:
(describe the days and times when the parent and children may have telephone contact) _____

Exceptions to the Regular Schedule

(You can have a different schedule for holidays, school release days, and birthdays. If you do not want a different schedule, leave it blank.)

Do you want a different schedule for school release days or breaks during the school year?

Yes No

School release days or breaks during the school year: _____

Any school release day schedule will override the regular parenting schedule.

Do you want a different schedule for birthdays (child's or parents' birthdays)? Yes No

Birthdays: _____

Do you want a different schedule for holidays? Yes No

State the specific holidays and the schedule for each holiday you list here: _____

Any birthday or holiday schedule will override the regular and school release parenting schedule.

Other: _____

6. **Overnights.** Based on the schedule above, how many overnights will the children have with each parent each year (the number must add up to 365)? Note: if parenting time is equal, use 182.5 overnights for each parent.

Number of overnights with Petitioner: _____

Number of overnights with Respondent: _____

7. I believe that this schedule ordering supervised parenting time denying parenting time is in the best interest(s) of the children because _____

If parenting time is supervised, parenting time should be supervised by: _____

Note: You and/or the other parent may have to pay a fee for each supervised visit.

8. I want the court to order that the children be transferred at a **visitation exchange center** if one is located in the area, and for both parents to follow all rules of the visitation exchange center:

YES NO. If YES, this is necessary because _____

If NO, the children should be transferred at: _____

because _____



9. **Information about child support.**

Did you ask in question # 1 (on page 1) to establish child support? Yes No

Continue only if asking to establish child support (child support includes basic support, medical support, and child care support). If not, go to the last page for signature.

Current Information About Me

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

- Married Separated Divorced Living with a companion Single

10. 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.

11. 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 | \$ _____ |

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

13. The children currently receive 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.

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

15. I support the following non-joint children:

| Child's Name | Date of Birth | Relationship | Court ordered child support | 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)

16. There are _____ number of people who live in my household and my monthly expenses at the present time are as follows (include the total monthly 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. | Children'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: \$ _____

17. The following people help me pay my current monthly expenses listed in question 16:
 Spouse Companion Roommate(s) Relatives No One

18. 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

19. 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

20. 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 \$ _____

21. 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

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

23. To the best of my knowledge, the other parent supports the following non-joint children:

| Child's Name | Date of Birth | Relationship | Court ordered child support | Living in the home |
|--------------|---------------|--------------|-----------------------------|--------------------|
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |

Parents Health Care Coverage Information

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

- I have health care coverage available for the joint children
- I do not have health care coverage available for the joint children
- I cannot afford to pay my proportionate share of health care coverage for the joint children
- I have public coverage for myself in the form of:
 - Medical Assistance MinnesotaCare
- I am court ordered to maintain health care coverage for other non-joint children and coverage is in place for other non-joint children
- I have 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 family coverage: \$ _____

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

\$ _____

Cost of monthly dental insurance for family coverage (if separate coverage from health care coverage): \$ _____

25. Currently, there is:

- no court order that directs either parent to carry health care coverage for the joint children.
- Medical Assistance in place for the joint children
- MinnesotaCare in place for the joint children.

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

- I do not know if the other parent has health care coverage available or in place for the joint children
- The other parent has health care coverage available for the joint children
- The other parent does not have health care coverage available for the joint children
- The other parent is court ordered to maintain health care coverage for other non-joint children and coverage is in place for other non-joint children.
- The other parent has 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 family coverage: \$ _____

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): \$ _____

Cost of health care coverage is unknown

Child Care Obligation

27. There is no court ordered child care obligation and I have child care expenses for the joint children.

The **current** total monthly costs of child care for the joint children are \$ _____

(If a child care subsidy is being received, list the total monthly cost, not just the portion paid by the parent)

I have no child care expenses for the joint children.

28. The following is additional information regarding the reasons I am asking the court to establish custody, parenting time, and/or child support: _____

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:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____