See Instructions (CHC801) for help in filling out this form.

**State of Minnesota District Court**

County of: Court File Number:

Judicial District: Case Type:

Petitioner

AND

Respondent

# Affidavit in Support of Motion for Temporary Relief (CHC803)Minn. Stat. § 518.131, subd. 1

The following information is true and correct, and I provide it in support of my *Motion for Temporary Relief*.

1. My name is , and I am the
[ ]  Petitioner / [ ]  Respondent in this case.
2. A **child protection case** involving any or all the children:

[ ]  is not taking place in any county or state.

[ ]  is taking place. The details of the child protection case include the following:

County:

State:

Court File Number or Case Number:

1. An ***Order for Protection*** involving me, the other party, and/or the children:

[ ]  does not exist in any county or state.

[ ]  exists. The details of the *Order for Protection* case include the following:

County:

State:

Court File Number or Case Number:

**A copy of the *Order for Protection* is attached.**

1. The other party and I are the parents of (number) minor children as follows:

**Note:** There is space to list 4 children. If this case involves more than 4 children, add more paper.

***Child 1***

Child’s First Name:

Middle Name:

Last Name:

Date of Birth: Age:

Child’s Address:

City/State/Zip:

The child has lived at this address since: (date).

The child lives with: [ ]  Petitioner [ ]  Respondent

[ ]  Other: (name)

***Child 2***

Child’s First Name:

Middle Name:

Last Name:

Date of Birth: Age:

Child’s Address:

City/State/Zip:

The child has lived at this address since: (date).

The child lives with: [ ]  Petitioner [ ]  Respondent

[ ]  Other: (name)

***Child 3***

Child’s First Name:

Middle Name:

Last Name:

Date of Birth: Age:

Child’s Address:

City/State/Zip:

The child has lived at this address since: (date).

The child lives with: [ ]  Petitioner [ ]  Respondent

[ ]  Other: (name)

***Child 4***

Child’s First Name:

Middle Name:

Last Name:

Date of Birth: Age:

Child’s Address:

City/State/Zip:

The child has lived at this address since: (date).

The child lives with: [ ]  Petitioner [ ]  Respondent

[ ]  Other: (name)

1. In my *Motion for Temporary Relief*:

[ ]  I asked the Court to **schedule a priority hearing within 30 days** of my *motion*, pursuant to Minn. Stat. § 518.131, subd. 11, because I have been denied parenting time with a child for 14 consecutive days or more. In support of this request, I give the following facts:

**or**

[ ]  I did not ask the Court to schedule a priority hearing.

1. In my *Motion*, I [ ]  did / [ ]  did not ask the Court to order the parties to use mediation in this case. The reason for this is:

1. Regarding Temporary Custody and Parenting Time:
	1. I [ ]  did / [ ]  did not ask the Court to **grant temporary legal custody of the children**.
	2. I [ ]  did / [ ]  did not ask the Court to **grant temporary physical custody of the children**.
	3. I [ ]  did / [ ]  did not ask the Court to **grant temporary parenting time**.
2. These are the reasons my requests regarding temporary custody and parenting time are in the children’s bests interests:

1. Before this court action was started, the following describes the parenting time each parent had with each child:

1. In my *Motion for Temporary Relief*:

[ ]  I asked the Court to order **temporary child support**. I will fill out and attach the *Financial Affidavit* so that the Court has information about my financial situation.

[ ]  I did not ask for temporary child support.

1. In my *Motion for Temporary Relief*:

[ ]  I asked the Court to order the other party pay me temporary costs and reasonable attorney’s fees. The following is a description of the costs and fees I have incurred in this case:

[ ]  I did not ask for temporary costs and attorney’s fees.

1. **Other Facts**. The following other facts support my request for temporary relief:

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

Date: Signature:

County and state where signed: Name:

 Address:

City/State/Zip:

Phone:

Email: