

State of Minnesota

District Court

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

- In Re the Marriage of:
- In Re the Custody of the Children of:
- In Re the Support of the Children of:

**Response to Motion
To Modify Medical
Support ONLY**

Petitioner (first, middle, last)

and

Respondent (first, middle, last)

To: Other Party:

First Middle Last

Street Address Apt. No.

City State Zip Code

Notice

I will ask the court to modify the current support order at a hearing scheduled as follows:

Date: _____ Time: _____ a.m./p.m.

Courthouse address: _____

Telephone: _____

NOTE: Please contact the court with your current phone number and mailing address in case they need to notify you of any location or date/time change.

Motion

Regarding the support order dated _____, I request that the court (*check one*):
(Date of current order)

- a. should not modify the medical support order.
- b. Should modify the medical support order by ordering the following (*check all that apply*):
- Requiring the other parent to provide medical and/or dental insurance coverage for the joint children due to a change in the availability of coverage or a change in eligibility for medical assistance.
 - Requiring me to provide medical and/or dental insurance coverage for the joint children due to a change in the availability of coverage or a change in eligibility for medical assistance.
 - Changing the amount the other parent pays towards the coverage I carry for the joint children due to a substantial change in the cost of coverage.
 - Changing the amount I pay to the other parent who provides the coverage for the joint children due to a substantial change in the cost of coverage.
 - Changing which party is ordered to provide medical and/or dental coverage because the party ordered to provide coverage has not done so.
 - Changing or awarding the tax dependency exemption for the joint children to the parent ordered to carry medical and/or dental insurance coverage.

The facts upon which I base my request are set forth in the attached *Affidavit in Support of Responsive Motion*.

Acknowledgment by Party Making Motion

By presenting this form to the court, I certify that to the best of my knowledge, information, and belief, the following statements are true. I understand that if a statement is not true, the court can order a penalty against me (such as to pay money to the other party, pay court costs, and/or other penalties).

1. The information I included in this form is based on facts and supported by existing law.
2. I am not presenting this form for any improper purpose. I am not using this form to:
 - a. Harass anyone;
 - b. Cause unnecessary delay in the case; or
 - c. Needlessly increase the cost of litigation.
3. No judicial officer has said I am a frivolous litigant.
4. There is no court order saying I cannot serve or file this form.
5. This form does not contain any "restricted identifiers" or confidential information as defined in Rule 11 of the General Rules of Practice (https://www.revisor.mn.gov/court_rules/gp/id/11/) or the Rules of Public Access to Records of the Judicial Branch (https://www.revisor.mn.gov/court_rules/rule/ra-toh/).

6. If I need to file "restricted identifiers," confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

Dated: _____

Signature _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____

Attorney for: _____