State of Minnesota			<b>District Court</b>
County of:		Judicial District:	
		Court File Number	er:
		Case Type:	
☐ In Re the Marriage of:		1	
$\Box$ In Re the Custody of the	e Children of:		
☐ In Re the Support of the Children of:		Modify Ch	ise to Motion To nild Support and/or al Maintenance
Petitioner (first, middle, last)			
and			
Respondent (first, middle, last)			
TO: Other Party: First	Middle	La	ast
TO: Other Party: First Street Address	Middle	La	ast Apt. No.
First	Middle	La State	
First Street Address	Middle Not	State	Apt. No.
First Street Address City	Not	State	Apt. No.
First Street Address City I will ask the court to grant	<b>Not</b> the relief described be	<b>State</b> <b>ice</b> State sch	Apt. No.
First Street Address City I will ask the court to grant Date:	<b>Not</b> the relief described be	<b>State</b> <b>ice</b> State schutzer	Apt. No. Zip Code neduled as follows:a.m./p.m.
First          First         Street Address         City         I will ask the court to grant         Date:         Courthouse address:	<b>Not</b> the relief described be	State ice elow at a hearing sch Time:	Apt. No. Zip Code meduled as follows: a.m./p.m.
First          First         Street Address         City         I will ask the court to grant         Date:         Courthouse address:	Not: the relief described be court with your current	State ice elow at a hearing sch Time: t phone number and	Apt. No. Zip Code neduled as follows: a.m./p.m.
First          First         Street Address         City         I will ask the court to grant         Date:         Courthouse address:         Telephone:         NOTE: Please contact the	Not: the relief described be court with your current	State         ice         elow at a hearing sch         Time:	Apt. No. Zip Code neduled as follows: a.m./p.m.

## (check one)

- a.  $\Box$  should not modify the support order.
- b. should modify the support order by ordering the following (*check all that apply*):
  - ☐ Increasing basic child support
- □ Decreasing basic child support
- ☐ Increasing medical support
- ☐ Increasing child care support
- □ Increasing arrearage payment
- Decreasing medical support
- ☐ Decreasing child care support
- Decreasing arrearage payment
- Establishing medical support Establishing child care support
- □ Increasing spousal maintenance □ Decreasing spousal maintenance
- Changing other medical terms (*describe*):

 $\Box$  Other (*describe*):

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.

Signature	
Name:	
Address:	
City/State/Zip:	
Telephone:	
E-mail address:	
Attorney for:	
	Name:Address: City/State/Zip: Telephone: E-mail address: