

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 Stop Cost of Living Adjustment

Petitioner (first, middle, last)

and

Respondent (first, middle, last)

TO: Other Party:

First Middle Last

Street Address Apt. No.

City State Zip Code

Responsive Motion

1. I request that the court issue an order denying the request to stop the cost of living adjustment on the child support obligation spousal maintenance obligation and allow the adjustment to take place.
2. The facts upon which I base my request are set forth in the attached *Affidavit* in support of my 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: _____