

**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:

**Notice of Motion and 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**

**NOTE:** This motion form can only be used if your current support order was created less than three (3) years ago. If your current order is from more than three (3) years ago or if medical support was reserved in the current order, then you must use the *Motion to Modify Child Support and/or Spousal Maintenance* forms instead.

I request that the court modify the support order dated \_\_\_\_\_ by ordering  
(Date of current support order)  
the following (*check all the 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.

**NOTE:** If you want the court to change the percentage share of the cost of coverage or the percentage share of the out of pocket medical expenses (for example - deductibles and co-pays) **DO NOT** use this form. Use the *Motion to Modify Child Support and/or Spousal Maintenance* Form packet instead.

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

### **Notice of Rights to Other Parties:**

- You have a right to a hearing, if a hearing is not already scheduled.
- You have the right to object or respond to the changes I am requesting.
- If you decide to respond or object to this motion, a packet entitled *Response to Motion to Modify Medical Support Only* is available on the court website at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) under the “Child Support” Category or from court administration.
- If you choose to respond, a written response must be served upon all parties and filed with the court **at least 7 days before any scheduled hearing**.
- If you choose to respond and raise new issues other than the issues in this motion, a counter motion must be served upon all parties and filed with the court **at least 14 days** before the hearing.
- The court may, in its discretion, choose not to consider any documents you file with the court if they are not filed on time.

## Settlement

This matter may be settled without a court hearing if all parties, reach an agreement. To discuss a possible settlement, contact the following person at the phone number listed:

\_\_\_\_\_ at \_\_\_\_\_  
(Name of person filing motion) (Phone number of person filing motion)

Note: Person to contact for settlement should be the party bringing the action or the attorney, if an attorney is representing the party in this matter.

### 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/](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/](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: \_\_\_\_\_