

**State of Minnesota**

**District Court**

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

In Re the Marriage of:

\_\_\_\_\_

Petitioner (first, middle, last)

and

\_\_\_\_\_

Respondent (first, middle, last)

\_\_\_\_\_

Intervenor

**TO: Other Party:**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City State Zip Code

**County Attorney's Office:**

\_\_\_\_\_  
Name of County Attorney

\_\_\_\_\_  
Street Address Suite No.

\_\_\_\_\_  
City State Zip Code

**NOTICE**

I will ask the court to stop the cost of living adjustment on the child support and/or spousal maintenance 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

1. I request that the court issue an order to stop the cost of living adjustment from taking place.
2. The facts upon which I base my request are set forth in the attached *Affidavit in Support of Motion to Stop Cost of Living Adjustment*.

## Notice of Rights to Other Party

- **You must appear at the hearing.** If you fail to appear at the hearing, the child support magistrate may issue an order granting relief requested without further notice or hearing.
- You have the right to object or respond to the changes I am requesting.
- If you choose to respond, a written response must be served upon all parties and filed with the court **at least 7 days** prior to the 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.
- You have a right to legal representation.

## Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact the following person by phone:

\_\_\_\_\_ at \_\_\_\_\_  
(Name of person to contact to discuss settlement) (Phone number of person to contact)

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: \_\_\_\_\_