

**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

**Affidavit in Support of Motion to  
Modify Child Support**

I state that the following information is true and correct to the best of my knowledge.

- My name is \_\_\_\_\_. In this case, I am the
  - Obligor (*paying child support*)
  - Obligee (*receiving child support*)

2. In this case, the child support is for:

Child's Name	Date of Birth	Is there court-ordered parenting time?
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

*(Include another page if more space is needed)*

If you and the other parent have any other minor children together who are not part of this court case, write the children's names and dates of birth here:

\_\_\_\_\_

Is there a support case open for any of these children?  Yes  No

3. I ask the court to modify the current child support order. I will provide proof that there has been a substantial change in finances or other circumstances since the last court order. **I request a change in the current basic support order because of: (check all that apply)**

- Substantial change in gross income for  me  other party
- Substantial change in needs for  me  other party  children in this case
- Change in receipt of public assistance for  me  other party
- Substantial change in cost-of-living for  me  other party
- New, extraordinary medical or dental expenses for the children in this case
- Change in receipt of social security benefits for  me  other party  child
- Change in the residence of the children
- Emancipation of a child (name of child):

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Substantial change in the Parenting Time Adjustment for  me  other party

4. I make the following other comments in support of my request for a change to the existing basic support order: *(Explain the items you checked at #3. For example, why have living expenses gone up or down? Include documents or bills that help to prove what you are saying.)*

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*If you need more space, attach a sheet of paper.*

5. **I ask the court to change the current order for health care support for the children:**

Yes  No If No, skip to #6.

a) Currently, the children have health care coverage as follows:

- MinnesotaCare or Medical Assistance
- No coverage
- I provide coverage
- Other parent provides coverage
- Other: \_\_\_\_\_

b) I want to change the way health care coverage is provided for the children. *(Explain what you want changed and why)*

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c) Health care coverage is available for the children through my work or union:

Yes  No If Yes, answer the following:

- i. Cost of monthly health care coverage for self: \_\_\_\_\_
- ii. Cost of monthly health care coverage for dependents: \_\_\_\_\_
- iii. Cost of monthly dental insurance for self  
(if separate coverage from health care coverage): \_\_\_\_\_
- iv. Cost of monthly dental insurance for dependents  
(if separate coverage from health care coverage): \_\_\_\_\_

If coverage is not available through your work, have you checked on the cost of buying private insurance to cover the health needs of the children?

Yes  No

If Yes, what is the cost? \_\_\_\_\_ per month.

6. **I ask the court to change the current order for Child Care/Day Care Obligation:**

Yes  No If No, skip to #7.

a) I am asking for a new order regarding child care/day care expenses because:

- There is no court ordered child care obligation and I have child care expenses.
- The cost of child care has increased.
- The cost of child care has decreased.
- County assistance with child care expenses has changed.

b) I need a change in the child care support order because. *(Use this space to explain what has changed and how that impacts the costs)*

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c) The **current** total monthly costs of child care are \_\_\_\_\_

d) If there is an existing court order for monthly child care expenses, state the court-ordered amount: \_\_\_\_\_

Look at your current Child Support Order to answer the next questions. If you do not have your Order, contact Court Administration or go to the courthouse to get a copy. You need to prove that your circumstances today are significantly different than they were at the time of the last order, and that the changes make the current order unfair.

7. The existing support order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_.
8. At the time the existing order was issued **I** was:
- Unemployed
- Employed at \_\_\_\_\_ (company or occupation) with a monthly gross income of \_\_\_\_\_ from this employment.
- I had other monthly gross income totaling \_\_\_\_\_ or  none from \_\_\_\_\_  
(list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
9. At the time the existing order was issued **the other parent** was:
- Unemployed
- Employed at \_\_\_\_\_ (company or occupation) with a monthly gross income of \_\_\_\_\_ from this employment.
- The order does not include this information, or I don't know this information.
- The other parent had other monthly gross income totaling \_\_\_\_\_ or  None or  I don't know from:
- \_\_\_\_\_  
(list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
10. At the time the existing order was issued the children listed above at #2 received social security or veteran's benefits in the amount of:
- None OR \_\_\_\_\_ per month based on:
- my disability  other parent's disability.
- This amount is paid to  me  other parent.
11. I am currently (*check all that apply*):
- Married  Separated  Divorced  Living with a companion  Single
12. I am currently:

Employed  Unemployed

- a. Employer: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Work telephone number: \_\_\_\_\_
- d. Occupation/Type of work: \_\_\_\_\_
- e. Length of Employment: \_\_\_\_\_
- f. Supervisor: \_\_\_\_\_
- g. Gross Pay: \_\_\_\_\_ This  does  does not include overtime pay.
- h. Paid:  Weekly  Every other week  Twice a month  Monthly
- i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

13. I have the following additional sources of income (*Enter amount, or zero*):
- |   |       |                             |       |
|---|-------|-----------------------------|-------|
| Commissions   | _____ | Pension Payments            | _____ |
| Annuity Payments  | _____ | Workers' Compensation       | _____ |
| Military/Naval Retirement   | _____ | Unemployment Benefits       | _____ |
| Spousal Maintenance Received  | _____ | Disability Payments         | _____ |
| "RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) | _____ |                             |       |
| Self-Employment   | _____ | Tribal or per capita income | _____ |
| Other   | _____ |                             |       |

14. **I will file proof of my income and Form 11.2 with the court and serve on the other parent. (Include pay stubs or tax return)**

15. I receive (*check only if it applies*)
- MFIP  Medical Assistance  MinnesotaCare  General Assistance
- SSI  Child Care Assistance

16. The children currently receive social security or veteran's benefits in the amount of \_\_\_\_\_ per month based on:  my disability  other parent's disability.

This is paid to  me  other parent.

17. I am court ordered to pay monthly spousal maintenance.

Yes  No If yes, how much? \_\_\_\_\_

18. In addition to the children at #2, I am the legal parent of another (non-joint) minor child:

Yes  No

*You are probably the legal parent if:*

- *You are the biological mother, and your parental rights have not been terminated*
- *You legally adopted the child*
- *You are the biological father, and your parental rights have not been terminated, and one of the following is true:*
  - *you were married to the mother when the child was conceived or born*
  - *you were found to be the father in a Paternity action*
  - *you signed a Recognition of Parentage (ROP) or other legal document in which you and the mother acknowledged you are the father*
  - *you have a court order regarding child support for the child*

List your non-joint children (Do not list joint children you already listed at #2)

<b>Child's Name (or "none")</b>	<b>Date of Birth</b>	<b>Court-ordered support you pay for this child*</b>	<b>Does this child live in your home at least 50% of the time?</b>
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

*(Include an additional page if more space is needed)*

\* If ordered to pay child support for any child listed above, provide copies of court orders.

19. My monthly expenses at the present time are as follows *(If married, include total household expenses. List all your expenses, even if someone else helps pay them.)*:

- |  | <b>Monthly Payment at Present Time</b> |
|--|--|
| a. <input type="radio"/> House payment or <input type="radio"/> Rent | _____                                  |
| b. Real Estate Taxes, if not included in (a)                         | _____                                  |
| c. Association Dues or Lot Rent (for property)                       | _____                                  |
| d. Insurance   |  |
| Homeowners, if not included in (a)                                   | _____                                  |
| Car  | _____                                  |
| Life   | _____                                  |

- e. Utilities: (Average Monthly Amount)
  - Gas \_\_\_\_\_
  - Electricity \_\_\_\_\_
  - Telephone \_\_\_\_\_
  - Water and garbage \_\_\_\_\_
  - Cable TV \_\_\_\_\_
- f. Food \_\_\_\_\_
- g. Clothing \_\_\_\_\_
- h. Laundry/dry cleaning \_\_\_\_\_
- i. Personal allowances and incidentals \_\_\_\_\_
- j. Magazine and newspapers \_\_\_\_\_
- k. Uninsured/unreimbursed medical expenses \_\_\_\_\_
- l. Uninsured/unreimbursed dental expenses \_\_\_\_\_
- m. Child care expenses \_\_\_\_\_
- n. Transportation expenses:
  - Bus, Train, Taxi \_\_\_\_\_
  - Car payment \_\_\_\_\_
  - License \_\_\_\_\_
  - Gasoline \_\_\_\_\_
  - Repair \_\_\_\_\_
- o. Recreation/Entertainment \_\_\_\_\_
- p. Children's needs (sports/school/hobbies) \_\_\_\_\_
- q. Allowances \_\_\_\_\_
- r. Other (list) \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

Charge accounts and loans (list):

Name of Account/loan	Balance Owed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

*(Attach another page if more space is needed)*

20. The following people help me pay my current monthly expenses listed in question 19:

- Spouse     Companion     Roommate(s)     Relatives     No One

21. The value of the property I currently own by myself or with someone else is:

Home	_____	
Household goods	_____	
Purchase price of my home	_____	
Balance owed on my home	_____	
Other real estate	_____	
Checking/savings	_____	
Automobiles	_____	_____
		year and make of vehicle
Recreational vehicles	_____	_____
		year and make of vehicle
Personal property	_____	
Stocks/bonds/etc.	_____	

**Court-Ordered Parenting Time**

22. Is there a court order that includes a parenting time schedule?

- Yes     No    If Yes, answer #23 - #25. If No, skip to #26

23. The court order that talks about parenting time is in:

- This case (same court file number)
- A different court case (Court file Number) \_\_\_\_\_

24. Do you have court-ordered **equal parenting time**?     Yes     No

25. What is the annual number of overnights awarded to each parent in the court order?

Note: The "annual number of overnights" is based on a two-year average

- If there is equal parenting time, use 182.5 overnights for each parent.
- If a parent's parenting time is reserved, that parent as 0 (zero) overnights.

a. Number of overnights awarded to you: \_\_\_\_\_

b. Number of overnights awarded to the other parent: \_\_\_\_\_

**Current Information about the Other Parent**

26. To the best of my knowledge, the other parent is currently:

- Employed     Unemployed     I do not know

a. Employer: \_\_\_\_\_

b. Address: \_\_\_\_\_



- c. Work telephone number: \_\_\_\_\_
- d. Occupation/Type of work: \_\_\_\_\_
- e. Length of Employment: \_\_\_\_\_
- f. Supervisor: \_\_\_\_\_
- g. Gross Pay: \_\_\_\_\_ This  does  does not include overtime pay.
- h. Paid:  Weekly  Every other week  Twice a month  Monthly
- i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

27. To the best of my knowledge, the other parent has the following additional sources of income: *(enter amount, or zero)*

Commissions _____	Pension Payments _____
Annuity Payments _____	Workers' Compensation _____
Military/Naval Retirement _____	Unemployment Benefits _____
Spousal Maintenance Received _____	Disability Payments _____
"RSDI" Social Security Retirement, Survivors or Disability Income (not SSI) _____	
Tribal or per capita income _____	Self-Employment _____
Other _____	

28. To the best of my knowledge, the other parent receives:

- MFIP  Medical Assistance  MinnesotaCare  General Assistance
- SSI  Child Care Assistance

29. To the best of my knowledge, the other parent is ordered to pay spousal maintenance:

- Yes  No  I do not know If yes, how much? \_\_\_\_\_

30. To the best of my knowledge, the other parent is the legal parent of minor children from a different relationship as listed below.

Child's Name (or "none")	Date of Birth	Court-ordered to pay support for this child? State amount	Does this child live with the other parent?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

31. The information contained in this Affidavit is true and correct to the best of my knowledge.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat § 358.116.

Dated: \_\_\_\_\_

\_\_\_\_\_  
County and State where signed

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_