

**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

**Response to Motion  
To Modify Medical  
Support ONLY**

**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 grant the things I have asked for in my responsive motion 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**

Regarding the support order dated \_\_\_\_\_, I request that the court (*check one*):  
(Date of current order)

- a.  should not modify the medical support order.
- b.  Should modify the medical support order by ordering the following (*check all that 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.

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

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

\_\_\_\_\_  
Signature

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

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

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

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

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

Attorney for: \_\_\_\_\_