

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
Responsive Motion to Modify
Medical Support ONLY**

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

1. My name is _____ .

2. In this case, medical 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

(Attach a page if more space is needed)

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

Reasons Why The Existing Order Should or Should Not Be Changed

3. *Choose one option*

- I do not want the current medical support order changed. There has not been a change of circumstances for me or the other parent, since the order was issued.
(If you want to comment on the other parent's statements about changes in finances or other circumstances, do that here):

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

OR

- I ask the court to modify the current medical support order. I will provide proof to support my requests below. **I request a change only in the current medical support part of the order because of: (check all that apply)**
- Change in the availability of medical and/or dental insurance coverage for the joint children. The parent currently ordered to provide coverage is me other party.
 - Substantial change in the cost of medical and/or dental insurance coverage for the joint children.
 - Change in eligibility for Medical Assistance for the children me other party.
 - Parent ordered to provide coverage has not provided coverage for the joint children.
 - Tax dependency exemption is not ordered to be with the parent ordered to carry coverage.
 - Tax dependency exemption was not addressed in the current order and the noncustodial parent is ordered to carry the coverage.

4. (Answer this question if you asked to change the current support order in #3)
I make the following other comments in support of my request for a change in Medical Support in my current order. *(Explain the items you checked at #3. For example, why has the availability of medical and/or dental insurance changed? How much has the cost changed? Attach documents or bills that help to prove what you are saying.)*

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

5. The children currently have health care coverage as follows (this may be different than what is currently ordered):

- MinnesotaCare
- Medical Assistance
- No coverage
- I provide coverage
- Other parent provides coverage
- Other _____

a) Is the person actually providing the coverage, as stated above, the person ordered to provide the coverage? Yes No

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

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): _____

d) 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 receive *(check only if it applies)*:

- MinnesotaCare
- Medical Assistance
- General Assistance
- SSI

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

- MinnesotaCare
- Medical Assistance
- General Assistance
- SSI

I declare under penalty of perjury that everything that 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: _____