

**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

**Motion for Review**

**Combined Motion**

**Notice**

**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

**Motion**

I, \_\_\_\_\_ request that the Order dated  
(Name of person making request)

\_\_\_\_\_ be reviewed and that an amended order be issued.  
(Date court order signed)

**Requests**

1. I request that the Order be reviewed by (check one):

- The Child Support Magistrate who issued the Order
- A District Court Judge

2. The parts of the Order that I want reviewed and the reasons I am requesting the review are as follows *(if this is a Combined Motion, please state all typographical, clerical and mathematical mistakes, all errors of law and other reasons why you feel the Order is incorrect)*:

A. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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B. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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C. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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D. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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E. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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F. Page \_\_\_\_\_ Paragraph \_\_\_\_\_ Reason it should be changed or reviewed:

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*Attach additional sheets if necessary*

3. I request that the Child Support Magistrate or Judge issue an amended order. In addition, I would like the order to say:

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*(Check each of the following only if they apply to you)*

4. I would like permission to submit new information that I was unable to obtain at the time of the prior hearing. The information I would like permission to submit and the reason it was not previously submitted is:

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5. I request the Child Support Magistrate or Judge schedule a new hearing because:

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6. I have ordered a transcript of the prior hearing. I ordered the transcript from the Court Administrator on \_\_\_\_\_ .  
(Date Request for Transcript filed)

### **Notice to The Other Party**

You have the right to object to this motion. If you wish to object, within 28 days after service of the original Notice of Filing of your order, you must serve upon the other party and the county attorney's office, and file with the Court Administrator, a response to this motion. A form entitled *Response to Motion for Review / Counter Motion* is available from court administration and online at <http://www.mncourts.gov/GetForms.aspx?c=6&p=26>. The time frame for responding to a Motion for Review is explained on the Notice of Filing attached to the order being reviewed.

### **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. I understand that the existing order remains in full force and effect until a new order is issued.
4. I understand that I must continue to comply with the existing order until a new order is issued.
5. I understand that the child support magistrate or the judicial officer will decide:
  - a. Whether I may submit new information; and
  - b. Whether there will be a hearing.
6. The court will let the parties know if my request is granted.

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

\_\_\_\_\_  
Signature

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

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

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

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

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

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