|  |  |  |
| --- | --- | --- |
| **State of Minnesota** |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Motion to Transfer Postjudgment Action to Tribal CourtMinn. Stat. § 518A.80 |  |
| Petitioner |  |  |
|  |  |  |
| and |  |  |
|  |  |  |
|  |  |  |
| Respondent |  |  |
|  |  |  |
|  |  |  |
| Intervenor |  |  |

To: (list other parties and their addresses)

|  |
| --- |
|  |

**MOTION**

1. My name is , and I am the (or [ ]  I represent the) [ ]  Petitioner / [ ]  Respondent / [ ]  Intervenor in this case. I am asking the court to transfer the postjudgment [ ]  Child Support / [ ]  Custody / [ ]  Parenting Time action to
 Tribal Court.
2. The postjudgment [ ]  Child Support / [ ]  Custody / [ ]  Parenting Time action is eligible for transfer to Tribal Court pursuant to Minn. Stat. § 518A.80.
3. The **Case Participants** are as follows:

Petitioner

Name:

Street Address:

City/State/Zip:

Tribal Affiliation (if applicable):

Petitioner

Name:

Street Address:

City/State/Zip:

Tribal Affiliation (if applicable):

Respondent

Name:

Street Address:

City/State/Zip:

Tribal Affiliation (if applicable):

Respondent

Name:

Street Address:

City/State/Zip:

Tribal Affiliation (if applicable):

Intervenor

Name:

Street Address:

City/State/Zip:

Tribal Affiliation (if applicable):

Other

Name:

Street Address:

City/State/Zip:

Tribal Affiliation (if applicable):

1. The **Minor Children** who are the subject of this action are as follows:

| Child’s Name: | Date of Birth: | Tribal Affiliation (if applicable): |
| --- | --- | --- |
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|  |  |  |
|  |  |  |

1. [ ]  This case involves a request to transfer the action to the Red Lake Nation Tribal Court.

OR

[ ]  This case DOES NOT involve a request to transfer the action to the Red Lake Nation Tribal Court.

1. A hearing is not required on this motion unless another party files an objection with the court and serves the objection on each party and the Tribal IV-D agency, or upon the court’s discretion.

**NOTICE TO OTHER PARTIES**

To object to a motion to transfer a postjudgment child support, custody, or parenting time action to a Tribal Court, a party or Tribal IV-D agency must file with the court and serve on each party and the Tribal IV-D agency a responsive motion objecting to the motion to transfer within 30 days from service of the motion to transfer. The objecting party will need to schedule a hearing date and include that date in their responsive motion. Minn. Stat. § 518A.80, subd. 5.

A responsive motion and supporting affidavit are found online at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) (choose the “Family” category).

**ACKNOWLEDGMENT**

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:
	1. Harass anyone;
	2. Cause unnecessarily delay in the case; or
	3. 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/>) or the Rules of Public Access to Records of the Judicial Branch (<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: |  |
|  |  | Email: |  |
|  |  | Agency, if applicable: |  |