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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Affidavit in Support of Motion to Transfer Postjudgment Action to Tribal Court Minn. Stat. § 518A.80 |  |
| Petitioner |  |  |
|  |  |  |
| and |  |  |
|  |  |  |
|  |  |  |
| Respondent |  |  |
|  |  |  |
|  |  |  |
| Intervenor |  |  |

The following statements support my request to transfer the postjudgment  Child Support /  Custody /  Parenting Time action to Tribal Court.

1. This case involves the following people:
   1. **Petitioner**

Name:

Tribal Affiliation (if applicable):

* 1. **Respondent**

Name:

Tribal Affiliation (if applicable):

* 1. **Intervenor**

Name:

Tribal Affiliation (if applicable):

* 1. **Minor Children**

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

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

Yes  No

If Yes: the parties and children involved in this case have resided within the boundaries of the Red Lake Reservation since .

*(If the parties and children have not resided within the boundaries of the Red Lake Reservation for at least 6 months prior to the filing of the motion to transfer, paragraphs 3 and 4 must be completed.)*

If No: paragraphs 3 and 4 must be completed.

1. The existing  Child Support /  Custody /  Parenting Time order dated was issued by the district court in County. The district court has the ability to hear this postjudgment action.
2. is a Tribal member and is receiving services from the Tribal IV-D agency, and the Tribal Court has the ability to hear this postjudgment action.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Dated |  | Signature | |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |