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

In Re the Matter of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **AFFIDAVIT IN SUPPORT OF MOTION FOR**  **CHANGE OF VENUE**  (Family Case)  Minn. Stat. § 542.11 |  |
| Petitioner |  |  |
|  |  |  |
| vs |  |  |
|  |  |  |
|  |  |  |
| Respondent |  |  |
| Intervenor |  |  |  |

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My written statement of facts in support of my *Motion for Change of Venue*:

1. The case was originally filed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Minnesota, on \_\_\_\_\_\_\_ (date).
2. The most recent court order in this case was entered in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Minnesota, on \_\_\_\_\_\_\_\_ (date).
3. The Plaintiff has lived in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Minnesota since \_\_\_\_\_\_\_\_ (date).
4. The Defendant has lived in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Minnesota, since \_\_\_\_\_\_\_\_ (date).
5. This case **does not** involve minor children.

OR

This case involves minor children:

| **Name of Minor Child** | **County Child Lives In** | **Date Child Started Living in County** | **County where Information about Best Interests of the Children Is Found** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

*Use another sheet of paper if you need more room.*

1. The reasons I believe venue (the county where this case is handled) should be transferred to another county in Minnesota are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: |  |