Sta	ate of Minnesota		District Court
Cou	unty	Judicial District:	
		Court File Number:	- T
		Case Type:	Family
In R	e the Marriage of:		
Nam	ne of Petitioner/Plaintiff		
v.			n Response to Thange Custody
Nam	ne of Respondent/Defendant		
	TE OF MINNESOTA) SS UNTY OF (County where Affidavit signed)		
My 1	full name is		and I state under oath
that:			
1.	I am the (<i>check one</i>): □ Petitioner/Plainti and I make this <i>Affidavit</i> in response to relationship to the child(ren) is:	o the other party's Motion to	
2.	A juvenile court proceeding or child prote	ection case involving any or	all of the children in this
	case is open: \square YES \square NO. If YE	S, this case is in	County in the
	State of and the file i	number is	The child protection
	worker's name is	<u>.</u>	
	A copy of the <i>Order</i> is attached.		
3.	An Order for Protection involving me and	the other party and/or the chil	d(ren) exists:
	☐ Yes ☐ No. If YES, it is in	Coun	ty in the State of
	, and the file number is		
	Protection is attached.		

4.	The child(ren) currently live with: Petitioner/Plaintiff Respondent/Defendant, who is the child(ren)'s: Nother Defendant to the child(ren). The address of the				
	child(ren)'s: ☐ Mother ☐ Father ☐ Other relation to the child(ren). The address of the				
	child(ren) is: in the City of				
	in the State of and zip code The child(ren) have lived at this address since the date of				
5.	The current custody order is dated:				
6.	The current order grants legal custody of the child(ren) as follows:				
	□ Sole legal custody to: □ Petitioner/Plaintiff □ Respondent/Defendant □ Other				
	☐ Joint legal custody to: ☐ Both Parties ☐ Other				
7.	Legal custody identifies which parent(s) have the right to make decisions regarding the upbringing of the child(ren) including education, health care and religious training.				
	☐ I do not want to change legal custody.				
	☐ I want to change legal custody to:				
	☐ Sole legal custody in favor of, or				
	☐ Joint legal custody to both parents				
8.	The current order grants physical custody of the child(ren) as follows:				
	□ Sole physical custody to: □ Petitioner/Plaintiff □ Respondent/Defendant □ Other				
	☐ Joint physical custody to: ☐ Both Parties ☐ Other				
9.	Physical custody identifies with whom the child(ren) will live.				
	☐ I do not want to change physical custody.				
	☐ I want to change physical custody to (<i>check one</i>):				
	☐ Sole physical custody in favor of, or				
	☐ Joint physical custody ☐ Both Parties ☐ Other				
10.	I want to respond to the other party's statements in paragraph 10 of his/her <i>Affidavit</i> , in support of a request to change physical or legal custody. My response is:				

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 2 of 15

If you	need more space, attach another full sheet of paper and mark it "Exhibit A."
I wan	t to change physical and/or legal custody, or modify a parenting plan provision specifying
the ch	ild's primary residence, because (check all that apply):
□ a.	A change of custody is in the best interests of the child(ren) and the parties previously
	agreed, in a writing approved by a court, to apply the best interests standard in section
	518.17 or 257.025 (Attach a copy of the court order approving the agreement) and
	either: (check one)
	\Box i. Each party was represented by an attorney when the agreement was approved by the court \Box OR
	☐ ii. The court made a finding in the Order approving the agreement that the parties
	were fully informed, the agreement was voluntary, and the parties were aware of
	its implications.
The cl	hange of primary residence is in the best interests of the child(ren) because:
	ain in detail)
` 1	
□ b.	Both parties have agreed that it is in the best interests of the minor child(ren) to change
_ 0.	custody. Attached is our signed and notarized agreement. (Note: The Agreement
	MUST do more than just state that a change of custody is in the best interests of the
	child(ren). It MUST explain in detail HOW and WHY the change will be in the
	child(ren)'s best interests).

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 3 of 15

□ c.	The child(ren) has/have been living with me since (mo/day/year):					
	•	The child(ren) came to live with me because (describe the reasons(s) the child(ren)				
		came to live with me):				
	•	The child(ren) has/have become integrated into my home in the following way(s) (give specific examples):				
	•	The child is living with me with the consent of the other parent (<i>check one</i>):				
		\square YES \square NO. If YES, the other parent has said or done the following to make me believe that (s)he agrees that the child(ren) should live permanently with me (be specific):				
	M	y shild(ron) is ore in denser if (s) he /they live(s) with the other perent *				
□ d.		y child(ren) is/are in danger if (s)he/they live(s) with the other parent.* the other parent is putting the child(ren) in danger of physical or emotional harm by doing				
		e following (give very specific facts and details):				
	_					
	*If	an extreme emergency exists, request an expedited hearing.				
□ e.	Th	e other parent has persistently and willfully denied or interfered with my Court-ordered				
	pa	renting time. The following is a list of each date, in the past six (6) months, that I was				

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 4 of 15

denied parenting time/visitation, and an explanation of exactly what the other parent did

	on each date to stop my parenting time:
	rstand that the Court cannot change custody unless there is a change in the circumstances of ild(ren) or the parents since the last custody <i>Order</i> . (<i>Check one of the following</i>):
	The other party states at paragraph/question 11 of his/her <i>Affidavit</i> that there has been a change of circumstances. My response to that is:
□ b.	I am asking the Court to order a change in custody. The following is a description of the changes that are a basis for modifying the most recent custody <i>Order</i> (<i>be specific</i>):
	erstand that moving a child to a different family and home can be stressful for the child.
•	k one of the following):
⊔ a.	The other party is asking the Court to move the child(ren) to another family and home. My response is:
□ b.	I want the Court to change physical custody from the other party to me. I believe that
	living with the other parent is <u>more</u> harmful to my child(ren) than the stress of moving to a
	new home and family because:

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 5 of 15

	nderstand that the Judge must decide custody based on what is best for my child(ren), ar filling in (a) through (o) of this paragraph 14, that I am giving the Judge information nee
mal	ke that decision.
a.	Describe the custody arrangement you want:
	Describe the custody arrangement the other parent wants:
b.	Describe the custody arrangement the child wants (if the child is old enough to decide)
c.	Describe what you do each and every day to take care of your child(ren) (b
C .	detailed):
	In contrast, the other parent does the following each day to take care of the child(ren):

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 6 of 15

Describe the interaction of the child(ren) with each parent, brother, sister, and anyone else who is important to the child(ren) and how that will change with a change in custody:
Describe the child(ren)'s adjustment to home, school and community:
Describe the length of time the child(ren) has/have lived in a stable, satisfactory place and the need to stay in that place:
Describe the permanence, as a family unit, of the existing or proposed custodial home:
Describe the mental and physical health of all individuals involved:
Describe the ability of each parent to give the child(ren) love, affection and guidance and continue the child(ren)'s education and to raise the child(ren) in the child(ren)'s culture eligion or creed, if any:

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 7 of 15

needs; then describe the role the other parent plays:
There: \square is \square is not domestic abuse in my household. If there is domestic abuse it the household, the following people are involved in the domestic abuse (tell how the people are related to the child(ren) and/or to you):
The domestic abuse in my household affects the child(ren) in the following way(s) (be ver specific):
There: \[\sigma is not domestic abuse in the other parent's household. If there is domestic abuse in the household, the following people are involved in the domestic abuse (tell how the people are related to the child(ren) and/or to the other parent): \[\]
The domestic abuse in the other parent's household affects the child(ren) in the followin way(s) (be very specific):
Describe what you will do to encourage and permit frequent and continuing contact by the other parent with the child(ren) (except when there is domestic abuse):
Describe what the other parent does to encourage or discourage your contact with the child(ren):

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u>

Page 8 of 15

i wan	t to respond to the other party's requests for parenting time in Paragraph 14 of his/her			
Affida	avit. My response is:			
	Court changes physical custody, the parenting time schedule should be changed. Changed			
that apply and be as complete as possible.				
⊔ a.	Changing the existing parenting time schedule to the following schedule: Weekends:			
	w cerenus.			
	Week nights or after school:			
	Holidays:			
	School Release Days:			
	Birthdays:			
	Summer:			
	School Holidays:			
	Telephone Contact:			

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 9 of 15

	□ b.	Requiring supervised parenting time because:
		Parenting time should be supervised by:
		NOTE: You and the other party may have to pay a fee for each supervised visit. Who should pay the fee?
	□ c.	Requiring the child(ren) be transferred at a parenting time exchange center if one is
		located in the area, and for both parties to follow all rules of the parenting time exchange
		center. NOTE: The parenting time exchange center may require the parties to pay a fee
		for such an exchange. Who should pay the fee?
	□ d.	Requiring that the child(ren) be transferred at:
		because
17.	I am curi	rently (check all that apply): rried
	1.	Previously employed by for years prior to the above employment.
19.	Comm Annui Milita Spous	e following additional sources of income: hissions \$ Pension Payments \$
20.	I receive Genera	e (check only if it applies) □ MFIP □ Medical Assistance □ MinnesotaCare al Assistance □ SSI □ Child Care Assistance

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 10 of 15

of \$	oint child(ren) currently receives monthly based on □ my disable □ other parent.			
I am c	court ordered to pay monthly spousal main eck one)	ntenance. w much?		
	oort the following nonjoint child(ren): ild's Name Date of Birth	Relationship	Child support monthly amount	my home
			\$	
			\$	Yes / No
			<u> </u>	Yes / No
			<u>\$</u>	Yes / No
$\overline{\text{(If }}$	ordered to pay child support for any child	listed above 1	provide copies of a	Yes / No
My m	onthly expenses at the present time are		<u>-</u>	
expens	ses):		Monthly Payme Present Time	ent at
a.	☐ House payment or ☐ Rent		\$	
b.	Real Estate Taxes, if not included in ((a)	\$	
c.	Association Dues or Lot Rent (for pro		\$	
d.	Insurance:	1 37		
	Homeowners, if not included	in (a)	\$	
	Car		\$	
	Life		\$	
e.	Utilities: (Average Monthly Amount)		
	Gas	,	\$	
	Electricity		\$	
	Telephone		\$	
	Water and garbage		\$	
	Cable TV		\$	
f.	Food		\$	
g.	Clothing		\$	
h.	Laundry/dry cleaning		\$	
	Personal allowances and incidentals		\$	
i.			\$	<u></u>
i. j.	Magazine and newspapers			
•		penses	\$	
j.	Uninsured / unreimbursed medical ex		· •	
j. k.	Uninsured / unreimbursed medical ex Uninsured / unreimbursed dental expe		\$	
j. k. 1.	Uninsured / unreimbursed medical ex		\$\$ \$	
j. k. l. m.	Uninsured / unreimbursed medical ex Uninsured / unreimbursed dental expe Child care expenses		\$\$ \$	
j. k. l. m.	Uninsured / unreimbursed medical ex Uninsured / unreimbursed dental expe Child care expenses Transportation expenses:		\$\$ \$\$	
j. k. l. m.	Uninsured / unreimbursed medical ex Uninsured / unreimbursed dental expe Child care expenses Transportation expenses: Car payment		\$\$ \$\$	

	o. Recreation/E	Entertainment		\$			
	p. Child(ren)'s	needs (sports/school/hob	bies)	\$			
	q. Allowances	` 1	,	\$			
	1			\$			
	s. Charge acco	unts and loans (list):		Ψ			
				Dalamas Ossad			
	Name of A		Φ.	Balance Owed			
	l		\$.				
	2		\$				
	3		\$				
	4.		\$				
	5.		\$				
	TOTAL M	ONTHLY EXPENSES:					
25.				ses listed in question 15: Relatives □ No One			
	Li Spouse Li Coi	прашоп 🗀 Коопппа	iic(s)	Relatives 🗀 No Olic			
26.	The value of the prope	rty I currently own by m	yself or with s	omeone else is:			
	Home \$						
	Household goods \$						
	Purchase price of m	y home \$					
	Balanced owed on n	ny home \$					
	Other real estate \$						
	Checking/savings \$						
	Checking/savings \$ Automobiles \$ (year and make) Recreational vehicles \$ (year and make)						
	Depositional valuations	(yea	(zzamand				
	Recreational venicle	'S Φ	(year and	make)			
	Tersonal property \$_						
	Stocks/bonds/etc. \$_						
Cur	rent Information Abo	ut Other Parent					
27.	To the best of my know	wledge, the other parent i	s currently:				
	-	oyed unemployed (if	•	swer the following)			
	a. Employer: _		emproyees, em	5,7 ee. y ee. ,7 8,7.			
	b. Address:	_					
		one number:					
	d. Occupation	Type of work:					
	a. Longth of an	nloyment:					
	e. Length of en f. Supervisor:	ipioyiiiciit					
	Cross Power	TI	منم 🗖 ممم	do ag mot in alsado assentimo mass			
	g. Gross Pay: \$		iis 🗀 does 🗀	does not include overtime pay.			
	11. 1 alu. 🗀 W C	JAIY LEVOLY OUTEL WEEK	. L I wice a n				
	i. Previously e	mployed by	1	ent.			
	tor	years prior to the at	ove employm	ent.			
28.	To the best of my know	wledge, the other parent l	nas the followi	ng additional sources of income:			
	Commissions	\$	Pensio	n Payments \$			
	Annuity Payments	\$	Unem	oloyment Benefits \$			
				ers' Compensation \$			
	Spousal Maintenance	e Received \$	Disahi	lity Payments \$			
		\$		\$			
	Sen Employment	Ψ	ouioi	Ψ			

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 12 of 15

29.	To the best of my knowledge, the other parent receives (check only if it applies) ☐ MFIP Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI Child Care Assistance
30.	To the best of my knowledge, the other parent is ordered to pay spousal maintenance. (check one) \[\sum \text{YES} \sum \text{NO} \text{If yes, how much?} \]
31.	To the best of my knowledge, the other parent supports the following nonjoint child(ren): Child's Name Date of Birth Relationship Child support the home \$ Yes / No \$ Y
	ents Health Care Coverage Information About me: (check all that apply)
	 □ I am court ordered to carry health care coverage for the joint child(ren) □ I now have private health care coverage available for the joint child(ren) □ I do not have or no longer have private health care coverage available for the joint child(ren) □ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren) □ My proportionate share of health care coverage for the joint child(ren) should be changed □ I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children. □ I have private health care coverage and/or dental insurance coverage in place for the following people: Cost of monthly health care coverage for self: \$ Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$
	Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$
33.	Currently, there is: \[\sum \text{no court order that directs either parent to carry private health care coverage for the joint \text{child(ren)}. \[\sum \text{a court order that directs } \sum \text{me } \sum \text{the other parent to carry private health care coverage for the joint \text{child(ren)}. \[\sum \text{Medical Assistance } \sum \text{MinnesotaCare currently in place for the joint \text{child(ren)}.
34.	About the other parent: (check all that apply) ☐ The other parent is court ordered to carry health care coverage for the joint child(ren) ☐ The other parent has private health care coverage available for the joint child(ren) ☐ The other parent does not have or no longer has private health care coverage available for the joint child(ren) ☐ The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 13 of 15

		The other parent has private health care coverage and/or dental insurance coverage in place the following people:
	Co	st of monthly health care coverage for self: \$st of monthly health care coverage for dependents: \$
	Co	st of monthly health care coverage for dependents: \$
	Co	st of monthly dental insurance for self (if separate coverage from health care coverage): \$
		st of monthly dental insurance for dependents (if separate coverage from health care verage): \$
Chi	ld Car	re Obligation
35.		I am court ordered to pay a proportionate share of child care support and the amount of child
		There is no court ordered child care obligation and I have child care expenses.
36.		re is an existing court order for monthly child care expenses, list the court ordered amount:
37.	The c	current total monthly costs of child care are \$
38.	At pa	ragraph/question 7 or 9 of this Affidavit, I asked the Court for joint custody:
		YES □ NO. (If NO, go to question 39. If YES, fill in the rest of question 38). I provide the
	fol	lowing information to help the Judge decide if joint custody is appropriate:
	a.	Describe the ability of the parents to cooperate in rearing their child(ren):
	b.	Describe the methods parents have for working through disagreements regarding major
		decisions about the child(ren)'s life and their ability to use these methods:
	c.	Describe whether it would be harmful to the child(ren) if one parent had total authority over
		the child's upbringing:

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 14 of 15

d. Describe whether domestic abu	use as defined in § 518B.01 has occurred between the parents: _
39. The following is additional information	on regarding the reasons I am requesting a change of custody:
40. The following is additional informa	ation regarding the reasons I disagree with the other party's
Motion:	
	_
Dated:	
	Signature (Sign only in front of notary public or court administrator.) Name:
Subscribed and sworn to before me this	Address:
day of	City/State/Zip:
Name Ballio Decad Contact in the	Telephone:
Notary Public \ Deputy Court Administrator	

CHC403 State ENG Rev 9/11 <u>www.mncourts.gov/forms</u> Page 15 of 15