

State of Minnesota

District Court

County

Judicial District:
Court File Number:
Case Type:

In Re the Marriage of:

\_\_\_\_\_

Plaintiff / Petitioner

vs / and

\_\_\_\_\_

Defendant / Respondent

\_\_\_\_\_

Intervenor

STATE OF MINNESOTA )
COUNTY OF \_\_\_\_\_ ) SS
(County where Affidavit Signed)

My name is \_\_\_\_\_ I state under oath the following information:

Reasons Why the Existing Order Should Be Changed

- 1. I request a change in the existing order because of (check all that apply):
Substantially increased or decreased gross income of the party
Substantially increased or decreased needs of the
Receipt of public assistance by the
A change in the cost-of-living for
Extraordinary medical and/or dental expenses of the child(ren).
A change in the availability of appropriate health care coverage or a substantial change in the cost of existing health care coverage.
Addition of work-related or education-related child care expenses or a substantial increase or decrease in existing work-related or education-related child care expenses of the
Receipt of social security benefits by the
A change in the residence of the child(ren)
Emancipation of a child (name of child):

2. I make the following other comments in support of my request for a change to the existing support/maintenance order:

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

3. I am the parent of the following joint child(ren) involved in this case (*list only joint child(ren) involved in this case*).

**Joint Child's Name**

**Date of birth**

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**Information From Existing Child Support Order** (*Answer only those questions that apply*)

4. The existing support order was issued by the court in \_\_\_\_\_ County and is dated \_\_\_\_\_. In that Order, I am the (*check one*)  Obligor (*making payments*)  Obligee (*receiving payments*)
5. At the time the existing order was issued, I was (*check all that apply*):  
 Unemployed  
 Employed at \_\_\_\_\_ (company or occupation) and earned \$\_\_\_\_\_ per  hour  week  month with a monthly gross income of \$\_\_\_\_\_  
 Other monthly gross income totaling \$\_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
6. At the time the existing order was issued, to the best of my knowledge, the other parent was (*check one*):  
 Unemployed.  
 Employed at \_\_\_\_\_ (company or occupation) and earned \$\_\_\_\_\_ per  hour  week  month with a monthly gross income of \$\_\_\_\_\_ and had other monthly gross income totaling \$\_\_\_\_\_ from \_\_\_\_\_ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
7. At the time the existing order was issued, the joint child(ren) received monthly social security or veteran's benefits in the amount of \$\_\_\_\_\_ based on  my disability  other parent's disability and is paid to  me  other parent

**Current Information About Me**

8. I am currently (*check all that apply*):  
 Married  Separated  Divorced  Living with a companion  Single
9. I am currently (*check one*)  employed  unemployed (*if employed, answer the following*):
- a. Employer: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Work telephone number: \_\_\_\_\_
- d. Occupation /Type of work: \_\_\_\_\_
- e. Length of employment: \_\_\_\_\_
- f. Supervisor: \_\_\_\_\_
- g. Gross Pay: \$\_\_\_\_\_ This  does  does not include overtime pay.

- h. Paid:  Weekly  Every other week  Twice a month  Monthly  
 i. Previously employed by \_\_\_\_\_  
 for \_\_\_\_\_ years prior to the above employment.

10. I have the following additional sources of income:

|                              |          |                       |          |
|------------------------------|----------|-----------------------|----------|
| Commissions                  | \$ _____ | Pension Payments      | \$ _____ |
| Annuity Payments             | \$ _____ | Unemployment Benefits | \$ _____ |
| Military / Naval Retirement  | \$ _____ | Workers' Compensation | \$ _____ |
| Spousal Maintenance Received | \$ _____ | Disability Payments   | \$ _____ |
| Self-Employment              | \$ _____ | Other                 | \$ _____ |

11. I receive (*check only if it applies*)  MFIP  Medical Assistance  MinnesotaCare  
 General Assistance  SSI  Child Care Assistance

12. The joint child(ren) currently receives monthly social security or veteran's benefits in the amount of \$ \_\_\_\_\_ based on  my disability  the other parent's disability and is paid to  me  other parent.

13. I am court ordered to pay monthly spousal maintenance.  
 (*check one*)  YES  NO *If yes, how much?* \_\_\_\_\_

14. I support the following nonjoint child(ren):

| <b>Child's Name</b> | <b>Date of Birth</b> | <b>Relationship</b> | <b>Child support<br/>monthly amount</b> | <b>Living in<br/>my home</b> |
|---------------------|----------------------|---------------------|---|------------------------------|
| _____               | _____                | _____               | \$ _____                                | Yes / No                     |
| _____               | _____                | _____               | \$ _____                                | Yes / No                     |
| _____               | _____                | _____               | \$ _____                                | Yes / No                     |
| _____               | _____                | _____               | \$ _____                                | Yes / No                     |
| _____               | _____                | _____               | \$ _____                                | Yes / No                     |

(If ordered to pay child support for any child listed above, provide copies of court orders)

15. My monthly expenses at the present time are as follows (if remarried, include total of household expenses):

|    |   | <b>Monthly Payment at<br/>Present Time</b> |
|----|---|--|
| a. | <input type="checkbox"/> House payment or <input type="checkbox"/> Rent | \$ _____                                   |
| b. | Real Estate Taxes, if not included in (a)                               | \$ _____                                   |
| c. | Association Dues or Lot Rent (for property)                             | \$ _____                                   |
| d. | Insurance:  |  |
|    | 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                       | \$           | _____ |
| i. | Personal allowances and incidentals        | \$           | _____ |
| j. | Magazine and newspapers                    | \$           | _____ |
| k. | Uninsured / unreimbursed medical expenses  | \$           | _____ |
| l. | Uninsured / unreimbursed dental expenses   | \$           | _____ |
| m. | Child care expenses                        | \$           | _____ |
| n. | Transportation expenses:                   |              |       |
|    | Car payment                                | \$           | _____ |
|    | License                                    | \$           | _____ |
|    | Gasoline                                   | \$           | _____ |
|    | Repairs                                    | \$           | _____ |
| o. | Recreation/Entertainment                   | \$           | _____ |
| p. | Child(ren)'s needs (sports/school/hobbies) | \$           | _____ |
| q. | Allowances                                 | \$           | _____ |
| r. | Other (list) _____                         | \$           | _____ |
| s. | Charge accounts and loans (list):          |              |       |
|    | Name of Account                            | Balance Owed |       |
|    | 1. _____                                   | \$           | _____ |
|    | 2. _____                                   | \$           | _____ |
|    | 3. _____                                   | \$           | _____ |
|    | 4. _____                                   | \$           | _____ |
|    | 5. _____                                   | \$           | _____ |

**TOTAL MONTHLY EXPENSES:**      \$ \_\_\_\_\_

16. The following people help me pay my current monthly expenses listed in question 15:  
 Spouse     Companion     Roommate(s)     Relatives     No One

17. The value of the property I currently own by myself or with someone else is:  
Home \$ \_\_\_\_\_  
Household goods \$ \_\_\_\_\_  
Purchase price of my home \$ \_\_\_\_\_  
Balanced owed on my home \$ \_\_\_\_\_  
Other real estate \$ \_\_\_\_\_  
Checking/savings \$ \_\_\_\_\_  
Automobiles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_  
Recreational vehicles \$ \_\_\_\_\_ (year and make) \_\_\_\_\_  
Personal property \$ \_\_\_\_\_  
Stocks/bonds/etc. \$ \_\_\_\_\_

**Current Information About Other Parent**

18. To the best of my knowledge, the other parent is currently:  
*(check one)*  employed     unemployed *(if employed, answer the following):*  
a. Employer: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Work telephone number: \_\_\_\_\_  
d. Occupation / Type of work: \_\_\_\_\_  
e. Length of employment: \_\_\_\_\_

- f. Supervisor: \_\_\_\_\_
- g. Gross Pay: \$ \_\_\_\_\_ This  does  does not include overtime pay.
- h. Paid:  Weekly  Every other week  Twice a month  Monthly  Unknown
- i. Previously employed by \_\_\_\_\_  
for \_\_\_\_\_ years prior to the above employment.

19. To the best of my knowledge, the other parent has the following additional sources of income:

|                              |          |                       |          |
|------------------------------|----------|-----------------------|----------|
| Commissions                  | \$ _____ | Pension Payments      | \$ _____ |
| Annuity Payments             | \$ _____ | Unemployment Benefits | \$ _____ |
| Military / Naval Retirement  | \$ _____ | Workers' Compensation | \$ _____ |
| Spousal Maintenance Received | \$ _____ | Disability Payments   | \$ _____ |
| Self-Employment              | \$ _____ | Other                 | \$ _____ |

20. 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

21. To the best of my knowledge, the other parent is ordered to pay spousal maintenance.  
(*check one*)  YES  NO *If yes, how much?* \_\_\_\_\_

22. To the best of my knowledge, the other parent supports the following nonjoint child(ren):

| Child's Name | Date of Birth | Relationship | Child support<br>monthly amount | Living in<br>the home |
|--------------|---------------|--------------|---------------------------------|-----------------------|
| _____        | _____         | _____        | \$ _____                        | Yes / No              |
| _____        | _____         | _____        | \$ _____                        | Yes / No              |
| _____        | _____         | _____        | \$ _____                        | Yes / No              |
| _____        | _____         | _____        | \$ _____                        | Yes / No              |
| _____        | _____         | _____        | \$ _____                        | Yes / No              |

**Parents Health Care Coverage Information**

*Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint child(ren).*

23. **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 health care coverage for dependents: \$ \_\_\_\_\_

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): \$ \_\_\_\_\_

24. Currently, there is:

no court order that directs either parent to carry private health care coverage for the joint child(ren).

a court order that directs  me  the other parent to carry private health care coverage for the joint child(ren).

Medical Assistance  MinnesotaCare currently in place for the joint child(ren).

25. **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.

The other parent has 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 health care coverage for dependents: \$ \_\_\_\_\_

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): \$ \_\_\_\_\_

**Child Care Obligation**

*Only answer if you are asking for a change in child care support for the joint child(ren).*

26.  I am court ordered to pay a proportionate share of child care support and the amount of child care support has changed.

There is no court ordered child care obligation and I have child care expenses.

27. If there is an existing court order for monthly child care expenses, list the court ordered amount: \$ \_\_\_\_\_

28. The **current** total monthly costs of child care are \$ \_\_\_\_\_

The information contained in this Affidavit is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Signature (Sign only in presence of Notary or Court Deputy)

Sworn / affirmed before me this

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

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

\_\_\_\_\_

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

Notary Public / Deputy Court Administrator

Telephone: (\_\_\_\_\_) \_\_\_\_\_