State	of Minnesota			District Co	
Count	У	Judicial District: Court File Number: Case Type:			
□ In	Re the Marria	ge of:			
Plaint	iff / Petitioner				
vs / and			Response to Motion To Modify Child Support		
Defen	dant / Respond	ent			
Interv	enor				
		Notice			
TO:	Other Party:				
	First	Middle	Last	Last	
	Street Address		Apt. N	0.	
	City		State	Zip	
		rney's Office:			
	Name of County A	Attorney			
	Street Address				
	City		State	Zip	
PLEASE TAKE NOTICE that at the hearing so o'clock before the Honorable			ed on(Date: Month, Day, Year)	at	
				Child Support Magistrate, Judge, or Referee)	
at the	(Nama of building	County Courthouse or Government Center, by			
		motion, I am asking the court fo			

Motion

Regard	ing the support order dated	, I request that the court	
	(Date of existing s	support order)	
(check	· ·		
	hould not modify the support order.		
	hould modify the support order by ordering		
	☐ Increasing basic child support	☐ Decreasing basic child support	
	☐ Increasing medical support	☐ Decreasing medical support	
	☐ Increasing child care support	☐ Decreasing child care support	
	☐ Increasing arrearage payment	☐ Decreasing arrearage payment	
	☐ Establishing medical support	☐ Establishing child care support	
	☐ Changing other medical terms (describe	P):	
	☐ Other (describe):		
	cts upon which I base my request are set asive Motion.	forth in the attached Affidavit in Support of	
1			
Ackno	owledgments by Party Making Mot	ion:	
a.	I am not serving or filing this document for	r any improper purpose, such as to harass or to	
	cause unnecessary delay or needless increase	• • • • •	
b.	The claims, defenses, and other legal conte	ntions therein are warranted by existing law or	
	by a nonfrivolous argument for the extension, modification, or reversal of exi		
	the establishment of new law.	,	
c.	The allegations and other factual contention	ons have evidentiary support or, if specifically ry support after a reasonable opportunity for	
	-	rranted on the evidence or, if specifically so	
	identified, are reasonably based on a lack o	f information or belief.	
e.	* 1 11 1	ction upon the attorneys, law firms, or parties ons to the court, or are responsible for the	
	I understand that the existing order remains comply with that order until a new order is	s in full force and effect and I must continue to issued.	
Dated:			
		Signature	
		Print Name:	
		Address:	
		City/State/Zip:	
		Telephone:	
		Attorney for:	