

**CHAPTER 9566**  
**DEPARTMENT OF HUMAN SERVICES**  
**SUPPORT PAYMENTS**

9566.0010 SUPPORT PAYMENTS.

**9566.0010 SUPPORT PAYMENTS.**

Subpart 1. **Notice.** The forms in subparts 2 and 3 can be used by individuals who are obligated to pay child support or maintenance and by individuals to whom child support or maintenance is owed. The forms can be used to request modification of existing court orders such as a cost-of-living adjustment (COLA). The forms were not designed to bring other matters before the court.

The terms of a court order regarding maintenance or child support may be modified upon a showing of one or more of the following:

- A. substantially increased or decreased earnings of a party;
- B. substantially increased or decreased need of a party;
- C. receipt of public assistance; or

D. a change in the cost-of-living for either party as measured by the Federal Bureau of Labor Statistics.

The forms can be used by an individual representing themselves or by their attorney. The forms are not a substitute for use of an attorney.

Completion of these forms will not guarantee that you will be successful in the court hearing.

The papers must be typed in triplicate, be properly completed, notarized, and filed with the court administrator having jurisdiction over the matter. The required fees must be paid, and the other party must be properly served with a copy of these papers. Proper legal procedures must be adhered to or your motion may never be scheduled or may be dismissed by the court.

These papers have been intended for use by a wide variety of individuals who may have unique reasons for making a motion. The forms may not be applicable for everyone and may not, therefore, meet everyone's needs.

**Subp. 2. Notice of motion and motion.**

STATE OF MINNESOTA  
 COUNTY OF \_\_\_\_\_

DISTRICT/COUNTY COURT  
 \_\_\_\_\_ JUDICIAL DISTRICT  
 FAMILY COURT DIVISION

\_\_\_\_\_  
 \_\_\_\_\_ Petitioner

—vs—

NOTICE OF MOTION  
 AND MOTION

\_\_\_\_\_  
 \_\_\_\_\_ Respondent  
 TO THE ABOVE NAMED

File number \_\_\_\_\_

TAKE NOTICE, that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_ at \_\_\_\_\_ M of said day in Room \_\_\_\_\_ of the Courthouse of \_\_\_\_\_ County, \_\_\_\_\_, Minnesota, the undersigned, on all the files, records, and proceedings herein and upon the attached affidavit, will move the Court for an order pursuant to Minnesota Statutes, section 256.87, 518.64, or 518.641 for a modification of the support and/or maintenance obligation as the Court deems appropriate. The grounds for this motion are stated in the attached affidavit.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(signature, name, address,  
and telephone number of  
moving party.)

## Subp. 3. Custodial parent's affidavit.

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

DISTRICT/COUNTY COURT  
\_\_\_\_ JUDICIAL DISTRICT  
FAMILY COURT DIVISION

\_\_\_\_ Petitioner  
-vs-  
\_\_\_\_ Respondent

CUSTODIAL PARENT'S  
AFFIDAVIT  
File Number \_\_\_\_\_

\_\_\_\_, being first duly sworn, deposes and says: (check appropriate items)

- \_\_\_ That I am the petitioner/respondent (circle one) in the above-entitled action.
- \_\_\_ That I am the custodial parent of:  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
- \_\_\_ That the respondent/petitioner, hereinafter referred to as the obligor, by order of the \_\_\_\_\_ District/County Court dated \_\_\_\_\_, was ordered to make child support payments of \$ \_\_\_\_\_ per \_\_\_\_\_ (week/month), effective \_\_\_\_\_ for the support of said child(ren).
- \_\_\_ That at the time of the above order, I was (check appropriate box):  
\_\_\_ Separated  
\_\_\_ Divorced  
\_\_\_ Unmarried and  
    \_\_\_ Living alone with my child(ren)  
    \_\_\_ Living with relatives  
    \_\_\_ Sharing a household with nonrelatives  
    \_\_\_ Remarried, and my spouse was employed at \_\_\_\_\_ (company or occupation) and earned \$ \_\_\_\_\_ per week/month (circle one) paycheck.
- \_\_\_ That my net monthly income at the time of the order was \$ \_\_\_\_\_ per month from \_\_\_\_\_ (employer and/or AFDC).
- \_\_\_ That I also received Food Stamps and Medical Assistance.
- \_\_\_ That my net monthly income at the present time is \$ \_\_\_\_\_ from \_\_\_\_\_.

Charge Account: (list)

Date of Order

Present Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL MONTHLY EXPENSES	_____	_____

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- \_\_\_ That, to the best of my knowledge, the obligor is currently employed at \_\_\_\_\_ and earns \$\_\_\_\_\_ per \_\_\_\_\_, with a monthly net income of \$\_\_\_\_\_.
- \_\_\_ That, to the best of my knowledge, at the present time of the above child support order, the obligor was employed at \_\_\_\_\_ (specify if unemployed) and earned \$\_\_\_\_\_ per \_\_\_\_\_.
- \_\_\_ That at the present time, the obligor is:
- \_\_\_ Remarried and his/her spouse is employed at \_\_\_\_\_.
- \_\_\_ Unmarried
- \_\_\_ That I request an increase in my child support due to: (optional)
- \_\_\_ Substantially increased or decreased earnings of a party.
- \_\_\_ Substantially increased or decreased need of a party.
- \_\_\_ Receipt of public assistance.
- \_\_\_ A change in the cost of living for either party as measured by the Federal Bureau of Statistics.
- \_\_\_ Other (please explain): \_\_\_\_\_

FURTHER YOUR AFFIANT SAYETH NOT

Subscribed and sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_,  
19\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant  
(signed before notary public)

\_\_\_\_\_  
Notary

**Statutory Authority:** *MS s 518.64*

**History:** *1Sp1986 c 3 art 1 s 82*