

EXPEDITED CHILD SUPPORT PROCESS

MOTION TO MODIFY SUPPORT

(suppmod.pkt)

IMPORTANT NOTICES

♦ **YOU CAN USE THIS PACKET OF FORMS ONLY IF:**

- (1) There is already a court order setting support, **and**
 - (2) You or the other parent have assigned to the State rights to child support because of the receipt of public assistance or applied for child support services, **and**
 - (3) You are asking the court to change child support and you are **not** asking the court to deal with any other issues such as visitation.
- ♦ Court personnel and the county attorney's office **cannot** help you fill out these forms.
 - ♦ You should see a lawyer if you don't know how to answer the questions on these forms.
 - ♦ You **must** fill out all three forms included with this packet and you **must** follow the instructions included with this packet.
 - ♦ Type your answers or print neatly using dark ink.

GENERAL INFORMATION

The forms included in this packet are for use by individuals who want to change a current support order. You may not use these forms to bring other requests or questions before the court. The forms are for individuals representing themselves or for attorneys. They are not a substitute for use of an attorney.

Using these forms will not guarantee that you will be successful in the court hearing. You must be as accurate and as detailed as possible when you fill out the forms. The court needs to clearly understand your circumstances before it can change your support order. The hearing will be held before a child support magistrate pursuant or a district court judge.

A court order for support may be changed only by showing at least one of the following conditions:

- Substantially increased or decreased earnings of a party;
- Substantially increased or decreased need of a party or the children involved in this court order;
- Receipt of public assistance;
- A change in the cost of living for either party as measured by the Federal Bureau of Labor Statistics;
- Extraordinary medical and/or dental expenses of the children involved in this court order;
- The addition or elimination of work-related or education-related child care expenses of the obligee or a substantial increase or decrease in existing work-related or education-related child care expenses;

AND by showing that the condition makes the terms of the current court order unreasonable and unfair. Unless a party shows otherwise, the court will presume that there has been a substantial change in circumstances and the terms of a current support order shall be presumed to be unreasonable and unfair if application of the child support guidelines, to the current circumstances of the parties, results in a calculated court order that is at least 20 percent and at least \$50 per month higher or lower than the current court order.

Minnesota law **REQUIRES** you to file, along with your Affidavit, documentation of your current income including, but is not limited to:

- W-2 forms
- Tax returns
- Payroll check stubs
- Statements and receipts of income, if self employed.

If a court finds that a parent is voluntarily unemployed or underemployed, the court must impute or attribute income to that person based upon evidence of their earning ability or at least minimum wage.

INSTRUCTIONS

DEFINITIONS USED THROUGHOUT THIS PACKET:

- **Obligor** - the person paying support.
- **Obligee** - the person receiving support.

<p style="text-align: center;">STEP 1 FILL OUT THE "NOTICE OF MOTION AND MOTION TO MODIFY CHILD SUPPORT" FORM</p>

Fill out the "Notice of Motion and Motion to Modify Child Support" form included in this packet by following Steps 1a through 1f below. This form tells the Court, the other parent, and the county child support agency what you are asking for from the Court and the date and time of the hearing.

STEP 1a: **Fill in the information at the top of the form.** The information to fill in the boxes and blanks at the top of the form can be found at the top of your current child support order or your divorce or paternity decree, including:

- The county where your case is located and where the current order was issued (which may be different from the county where you live).
- The number of the judicial district where your case is located and where your current order was issued.
- The court file number.
- The name of the Petitioner/Plaintiff.
- The name of the Respondent/Defendant.
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STEP 1b: **Fill in** the name and last known address of the other parent and the name of your county child support worker.

STEP 1c: **DO NOT** fill in the date, time, and location of the hearing yet. You will fill in this information as part of Step 3 below.

STEP 1d: ♦ **Review the choices** for the type of help you are asking the court to give you.
♦ **Check off** only the boxes for the type of help you are asking for from the court -- you do not need to check off every box.
♦ **You may check off as many types of help as you wish, but it will be up to the court to decide what types of help will actually be ordered.**

STEP 1e: **Fill in** the name and phone number of the person to contact to settle this matter. This could be you or the child support officer involved in your case.

STEP 1f: **DO NOT DATE AND SIGN THE "NOTICE OF MOTION AND MOTION" FORM UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC OR THE COURT CLERK. MAKE SURE TO BRING IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK.** A Notary Public can usually be found at a bank and sometimes at the courthouse.

<p style="text-align: center;">STEP 2 FILL OUT THE "AFFIDAVIT IN SUPPORT OF MOTION TO MODIFY CHILD SUPPORT" FORM</p>
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Fill out the "Affidavit in Support of Motion to Modify Child Support" form following Steps 2a through 2d below. This form tells the Court, the other parent, and the county child support agency what you are asking for from the Court and WHY you are asking for it.

STEP 2a: Fill in the top of the form the same way you did on your "Notice of Motion and Motion" form in Step 1a above.

STEP 2b: Fill in the answers to questions 1 through 20 on the Affidavit in Support of Motion. If a question does not apply to you, then answer "does not apply."

STEP 2c: Attach the following to the Affidavit in Support of Motion form:

- Proof of your income (for example, copies of your most recent paycheck stubs or W-2 forms, or statements and receipts of income if you are self employed);
- Copies of your tax returns for the last 3 years; and
- Proof of your expenses, if they are the reason you are asking for the child support order to be changed.

STEP 2d: **DO NOT DATE AND SIGN YOUR "AFFIDAVIT IN SUPPORT OF MOTION" UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC OR THE COURT CLERK. MAKE SURE TO BRING IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK.** A Notary Public can usually be found at a bank and sometimes at the courthouse.

**STEP 3
OBTAIN A HEARING DATE, TIME, AND LOCATION
FROM COURT ADMINISTRATOR**

Go back to the "Notice of Motion and Motion" form and fill in the date, time, and location of the hearing by following Steps 3a through 3b below.

STEP 3a: Contact the Court Administrator's Office in the county where your case is located. Tell the Court Administrator that you are going to be bringing a "Motion for Modification of Child Support in the Expedited Child Support Process" and need the date, time, room number, and address for a hearing. The hearing date must be at least 24 days away from the date you plan to mail the documents to the other parent and the county child support agency.

In Hennepin County, contact the Child Support Magistrate's office at 612-348-4946 for a hearing date.

STEP 3b: Using the information you received from the Court Administrator, fill in the date, time, and location of the hearing on the "Notice of Motion and Motion" form:

- The date (month, day, and year) of the hearing.
- The time of the hearing, including a.m. or p.m.
- The name of the county building where the hearing will take place.
- The address of the building and the name of the city where the hearing will take place.

**STEP 4
MAKE COPIES OF FORMS**

Step 4a: After filling in the date, time, and location of the hearing on your "Notice of Motion and Motion" form, make three copies of the "Notice of Motion and Motion" form and three copies of your "Affidavit in Support of Motion" form and three copies of all attachments (for example, paycheck stubs, tax returns, proof of expenses).

Step 4b: Keep one copy of each form and all attachments for yourself (make sure to bring your copies with you to court on the day of your hearing).

Step 4c: Step 5 tells you how to mail one copy of each form and attachments to the other parent. Step 5 also tells you how to mail the other copy of each form to the county child support office.

Step 4d: Step 6 tells you what to do with the originals of the forms.

**STEP 5
SERVE NOTICE ON THE OTHER PARTY
AT LEAST 24 DAYS BEFORE THE HEARING DATE**

You must arrange for the other parent and the county child support agency where your case is located to receive notice of the hearing and complete copies of all documents you have prepared for the hearing. This is called "service of process." You may serve process by following Steps 5a through 5c.

STEP 5a: Place one copy of the completed "Notice of Motion and Motion to Modify Child Support" form **AND** one copy of the completed "Affidavit in Support of Motion" form **AND** one copy of all attachments in an envelope. On the front of the envelope, write your return address and the last known address of the other parent. Place the correct amount of postage on the envelope (you may want to take the envelope to the post office to be weighed to make sure you put on the right amount of postage).

STEP 5b: Place the second copy of the completed "Notice of Motion and Motion to Modify Child Support" form **AND** the second copy of the completed "Affidavit in Support of Motion" form **AND** one copy of all attachments in an envelope. On the front of the envelope, write your child support worker and your return address.

STEP 5b: The envelopes containing the forms must be mailed to the other parent (or his/her attorney if there is one) and to the county child support agency at least 24 days before the hearing date.

- **YOU CANNOT MAIL THE ENVELOPES YOURSELF. YOU MUST HAVE SOMEONE ELSE OVER THE AGE OF 18 WHO IS NOT A PARTY TO THE CASE MAIL THE ENVELOPES FOR YOU.**
- **IF YOUR FORMS ARE NOT MAILED TO THE OTHER PARTY (OR HIS/HER ATTORNEY) AND THE COUNTY CHILD SUPPORT AGENCY AT LEAST 24 DAYS BEFORE THE HEARING DATE, YOUR MOTION CANNOT BE HEARD BY THE COURT.**

**STEP 6
THE PERSON WHO MAILED THE ENVELOPES
FILLS OUT THE "AFFIDAVIT OF SERVICE" FORM**

After the envelopes containing the forms have been mailed to the other parent and the county child support agency, then the person who mailed the envelopes must fill out an "Affidavit of Service by Mail" form by following Steps 6a through 6c. This form proves to the Court that the papers were mailed to the other parent and the county child support agency.

STEP 6a: You may fill in the top of the form the same way you did on your "Notice of Motion and Motion" form in Step 1 above.

STEP 6b: The person who mailed the envelopes must fill in the other blank lines:

- The name of the person who mailed the envelope.
- The date on which the person put the envelopes in the mail.
- The name and address of the child support agency.
White Earth Tribal Court
P.O. Box 418
White Earth, MN 56591
- The name and last known address of the other parent.
- The City and State where the envelopes were put in the mail.

STEP 6c: THE PERSON WHO MAILED THE ENVELOPES MUST NOT SIGN THE "AFFIDAVIT OF SERVICE" UNTIL THE PERSON IS IN FRONT OF A NOTARY PUBLIC OR THE COURT ADMINISTRATOR. MAKE SURE THE PERSON BRINGS IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK.

<p>STEP 7 FILE THE FORMS WITH THE COURT ADMINISTRATOR AND PAY ANY APPLICABLE FILING FEE</p>
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AT LEAST 24 DAYS BEFORE THE HEARING DATE the following original documents must be mailed or taken to the Court Administrator's Office in the county where your case is located:

- The original of the "Notice of Motion and Motion to Modify Child Support";
- The original of the "Affidavit in Support of Motion to Modify Child Support"
- Copies of all documents attached to your Affidavit (such as paycheck stubs, tax returns);
- The original of the "Affidavit of Service by Mail"; and
- A filing fee, if applicable (see below).

If you did not pay a filing fee when this case first began, you will now need to pay the filing fee of \$25.00. Even if you have paid the initial filing fee, you will now be required to pay a \$20 fee to file this motion for modification. Make checks payable to "District Court". If you are unsure if you paid the \$25.00 filing fee when the case first began, call the court at (612) 348-3164.

If you cannot afford to pay the filing fee, you may ask a judge to allow you not to pay the fee. To do this, ask the Court Administrator for an In Forma Pauperis application. You need to fill out this application and sign it in front of a Notary Public or the Court Administrator. You must come to the courthouse and take the application to a judge, who will review it and decide whether you must pay the filing fee.. If the judge does not sign the order waiving the fee, you must be prepared to pay the filing fee or the clerk cannot accept your forms.

<p>STEP 8 <u>APPEAR AT THE HEARING</u></p>
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At the date and time scheduled for the hearing, appear in court. Be sure to bring with you your copy of the Motion to Modify Child Support and Affidavit in Support of Motion to Modify Child Support and all of your supporting papers. Be prepared to explain to the Court why the existing child support order should be changed.

STATE OF MINNESOTA

**WHITE EARTH
TRIBAL COURT**

County: _____

Court File Number: _____
Case Type: Child Support

In the Matter of:

Plaintiff / Petitioner

vs.

Defendant / Respondent

**NOTICE OF MOTION AND
MOTION TO MODIFY
CHILD SUPPORT**

NOTICE

TO: **Other Parent:**

First Middle Last

Street Address Apt. No.

City County State Zip Code

PLEASE TAKE NOTICE that on _____ at _____ o'clock
(Date: Month, Day, Year) (Time)
at the _____ Courthouse or Government Center located at
_____, the undersigned will ask the Court to
modify the existing child support Order as requested in the following Motion.

MOTION

I request that the Court modify the support order dated _____
(Date of existing support order)

by ordering the following (check all that apply):

- Increasing child support
- Increasing medical support
- Increasing child care support
- Increasing arrearage payment
- Changing other medical terms (describe):
- Decreasing child support
- Decreasing medical support
- Decreasing child care support
- Decreasing arrearage payment

The facts upon which I base my request are set forth in the attached Affidavit in Support of Motion to Modify Child Support.

NOTICE OF RIGHT TO OBJECT

You have a right to respond or object to the changes I am requesting. If you decide to respond or object, you must do so in writing and serve copies of your response on all other parties and the county child support agency within 20 days of the date this motion was mailed to you or hand delivered to you. Also within the 20 days, and at least 5 days before the scheduled hearing, you must file a copy of your written response with the court administrator, along with any applicable filing fee and proof of service. **If you do not respond within 20 days, the Court may approve my request and issue a revised order without further notice to you or without holding a hearing.** The Court may, in its discretion, disregard any documents you file with the court administrator if they are filed less than 5 days prior to the hearing. **If you decide to respond or object to my request, a packet entitled "Response to Motion to Modify Child Support" is available from the Court Administrator.**

If you want to raise new child support issues, other than responding to the issues in this motion, you must serve upon all other parties and the child support agency a notice of motion and motion, an affidavit and supporting exhibits, and any memorandum of law at least ten (10) days before the scheduled hearing.

This matter may be settled without a court hearing if all parties, including the county child support agency, reach an agreement. To discuss a possible settlement, contact the following person at the phone number listed: _____

(Name of person to contact to discuss settlement)

at (_____) _____.
(Phone number of person to contact)

VERIFICATION AND ACKNOWLEDGEMENTS BY PARTY MAKING MOTION:

- a. I am not serving or filing this document for any improper purpose, such as to harass the other party, cause delay, needlessly increase the cost of litigation, or to commit fraud upon the court.

- b. I understand that if I am not telling the truth, or if I am misleading the court or serving or filing this document for any purpose not in good faith, such as to delay or harass the other party, the court may order me to pay money to the other party, including reasonable expenses incurred by the other party, court costs, and reasonable attorney fees.

- c. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Date: _____

Signature: _____ <small>Signature of person making request</small>
Print Name: _____
Street address: _____
City/State/Zip: _____
Telephone: (____) _____

STATE OF MINNESOTA

**WHITE EARTH
TRIBAL COURT**

County _____

Court File Number: _____
Case Type: Child Support

In the Matter of:

Plaintiff / Petitioner

vs.

Defendant / Respondent

**AFFIDAVIT IN SUPPORT OF MOTION
TO MODIFY CHILD SUPPORT**

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

My name is _____. I am the
(check one) (Petitioner/Plaintiff) (Respondent/Defendant) in this case, and I state under
oath the following information:

PERSONAL INFORMATION:

1. My current personal information is as follows:
Name: _____
Address: _____
Home phone (_____) _____
Date of birth: _____

REASONS WHY THE EXISTING SUPPORT ORDER SHOULD BE CHANGED:

2. I request a change in the existing support order because of (check all that apply):
- a. Substantially increased or decreased earnings of the (check one)
 Obligee Obligor
 - b. Substantially increased or decreased needs of the (check one)
 children Obligee Obligor
 - c. Receipt of public assistance by the (check one)
 Obligee Obligor
 - d. A change in the cost-of-living for (check one)
 Obligee Obligor
 - e. Extraordinary medical and/or dental expenses of the children.
 - f. A substantial increase or decrease in existing work-related or
education-related child care expenses of the (check one)
 Obligee Obligor
 - g. Emancipation of a child (child's name): _____.
3. I believe the changes I am requesting will result in a new support order that is at least 20
percent higher or lower, and at least \$50.00 higher or lower, than the existing support
order (check one) YES NO

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

INFORMATION FROM EXISTING SUPPORT ORDER:

5. I am the parent of the following children involved in this case (*list only children involved in this case, and for each child check if you are the custodial or noncustodial parent*):

Child's Name	Date of birth	Custodial/Noncustodial
_____	_____	<input type="checkbox"/> Custodial <input type="checkbox"/> Noncustodial
_____	_____	<input type="checkbox"/> Custodial <input type="checkbox"/> Noncustodial
_____	_____	<input type="checkbox"/> Custodial <input type="checkbox"/> Noncustodial
_____	_____	<input type="checkbox"/> Custodial <input type="checkbox"/> Noncustodial
_____	_____	<input type="checkbox"/> Custodial <input type="checkbox"/> Noncustodial

6. The existing child support order was issued by the District Court in _____ County and is dated _____. In that Order, I am the (*check one*)

Obligor (*making payments*) Obligee (*receiving payments*)

7. In the existing order, the Obligor is required to make the following payments for the support of the children (*check all that apply*):

- a. Child support payments of \$_____ per _____ (week, month) beginning (date) _____.
- b. Medical and dental support payments of \$_____ per _____ (week, month) beginning (date) _____.
- c. Health insurance payments of \$_____ per _____ (week, month) beginning (date) _____.
- d. Uninsured medical and dental expenses payments of \$_____ per (week, month) beginning (date) _____.
- e. Education-related and work-related child care payments of \$_____ per _____ (week, month) beginning (date) _____.

8. At the time the existing order was issued, I was (*check one*):

Married Separated Divorced Living with a companion Alone

If married: a. Spouse's name: _____
 b. Spouse's net monthly income: \$_____

9. At the time the existing order was issued, the other parent was (*check one*):

Married Separated Divorced Living with a companion Alone

If married: a. Spouse's name: _____
 b. Spouse's net monthly income: \$_____

10. At the time the existing order was issued, I was (*check one*):

- a. Unemployed.
- b. Employed at _____ (company or occupation) and earned \$ _____ per _____ (week, month) with a monthly net income of \$ _____ and had other monthly income totaling \$ _____ from _____ (list all sources, such as employment, public assistance, social security, or other source).

11. At the time the existing order was issued, to the best of my knowledge, the other parent was (*check one*):

- a. Unemployed.
- b. Employed at _____ (company or occupation) and earned \$ _____ per _____ (week, month) with a monthly net income of \$ _____ and had other monthly income totaling \$ _____ from _____ (list all sources, such as employment, public assistance, social security, or other source).

12. At the time the existing order was issued, the monthly income of the children totaled \$ _____ from _____ (list all sources such as social security benefits).

CURRENT INFORMATION:

13. I am currently (*check one*) employed unemployed (*if employed, answer the following*):

a. Employer: _____

b. Address: _____

c. Work telephone number: _____

d. Occupation: _____

e. Length of employment: _____

f. Supervisor: _____

g. Gross Pay: \$ _____ Net Pay: \$ _____

h. Paid: Monthly Weekly Semi-Monthly Bi-Weekly

i. Number of withholding exemptions: _____

j. Previously employed by _____ for _____ years prior to the above employment.

14. 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: _____
- e. Length of employment: _____
- f. Supervisor: _____
- h. Gross Pay: \$ _____ Net Pay: \$ _____
- i. Paid: Monthly Weekly Semi-Monthly Bi-Weekly
- j. Number of withholding exemptions: _____
- k. Previously employed by _____ for _____ years prior to the above employment.

15. I have the following additional sources of income: (for example, public assistance, social security, Supplemental Security Income, pensions, Retirement and Survivors Disability Income, renters income, child support for other children):

Source: _____ \$ _____ month
 Source: _____ \$ _____ month
 Source: _____ \$ _____ month
 Source: _____ \$ _____ month

16. 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. \$ _____

17. I am currently (check all that apply):
 Married Separated Divorced Living with a companion Alone
 If married:
 a. Present spouse's name: _____
 b. Present spouse's net monthly income: \$ _____

18. The following children live in my home, but are not part of the current support order or this motion:

Child's Name	Date of Birth	Relationship

19. The following people help me pay my current monthly expenses listed in question 20:
 Spouse Roommate(s) Relatives No One

20. My monthly expenses at the time of the existing order, compared to now, are as follows (if remarried, include total of household expenses):

Monthly Payment at the time of the	Existing Order	Present
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____	\$ _____
c. Insurance:		
Homeowners, if not included in (a)	\$ _____	\$ _____
Car	\$ _____	\$ _____
Life	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Water and garbage (average)	\$ _____	\$ _____
Cable TV	\$ _____	\$ _____
e. Food	\$ _____	\$ _____
f. Clothing	\$ _____	\$ _____
g. Laundry/dry cleaning	\$ _____	\$ _____
h. Personal allowances and incidentals	\$ _____	\$ _____
i. Magazine and newspapers	\$ _____	\$ _____
j. Uninsured dental expenses	\$ _____	\$ _____
k. Uninsured medical expenses	\$ _____	\$ _____
l. Transportation expenses:		
Car payment	\$ _____	\$ _____
License	\$ _____	\$ _____
Gasoline	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
m. Recreation/Entertainment	\$ _____	\$ _____
n. Children's needs (sports/school/hobbies)	\$ _____	\$ _____
o. Allowances	\$ _____	\$ _____
p. Other (list) _____	\$ _____	\$ _____
q. Charge accounts and loans (list):		

	Name of Account	Balance Owed
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

4. \$ _____

TOTAL MONTHLY EXPENSES \$ _____ \$ _____

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

Dated: _____

(Month Day Year)

Subscribed and sworn to before me this

_____ of _____,

(DATE) (MONTH) (YEAR)

Notary Public/Court Deputy

Signature: _____

Sign only in presence of notary or court clerk

Print Name:

Street address

City/ State/ Zip:

Telephone: () _____

FORM 11. CONFIDENTIAL INFORMATION FORM

State of Minnesota

Tribal Court

County

Case Type:

Case No. _____

Plaintiff/Petitioner

and

CONFIDENTIAL INFORMATION FORM

Defendant/Respondent

	NAME	SOCIAL SECURITY NUMBER
Plaintiff/Petitioner	1. _____	_____
	2. _____	_____
	3. _____	_____
Defendant/Respondent	1. _____	_____
	2. _____	_____
	3. _____	_____
Other Party (e.g., minor children)	1. _____	_____
	2. _____	_____

Information supplied

by: _____

(print or type name of party submitting this form to the court)

Signed: _____

Attorney Reg. #: _____

Firm: _____

Address: _____

Date: _____

FORM 11. CONFIDENTIAL INFORMATION FORM

State of Minnesota

White Earth Tribal Court

County

Case Type:

Case No. _____

Plaintiff/Petitioner

and

CONFIDENTIAL INFORMATION FORM

Defendant/Respondent

	NAME	SOCIAL SECURITY NUMBER
Plaintiff/Petitioner	1. _____	_____
	2. _____	_____
	3. _____	_____
Defendant/Respondent	1. _____	_____
	2. _____	_____
	3. _____	_____
Other Party (e.g., minor children)	1. _____	_____
	2. _____	_____

Information supplied
by: _____
(print or type name of party submitting this form to the court)

Signed: _____
Attorney Reg. #: _____
Firm: _____
Address: _____
Date: _____

STATE OF MINNESOTA

**WHITE EARTH
TRIBAL COURT**

County _____

Court File Number: _____
Case Type: Child Support

In the Matter of:

Plaintiff / Petitioner

vs.

Defendant / Respondent

**AFFIDAVIT OF SERVICE
BY U.S. MAIL**

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

I, _____, being first duly sworn, upon oath,
(Name of Person Who Mailed Documents)
state that on _____, I served the attached "Motion to
(Date Service Made)
Modify Child Support", and "Affidavit in Support of Motion" and attachments upon the
following parties at the following addresses.

PLEASE FILL IN THE ADDRESSES AND CHECK EACH ONE AS IT IS MAILED:

County Child Support Agency: (See instructions for address.)

AND Other Parent:

First Middle Last

Street Address Apt. No.

City County State

I further state that I placed a true and correct copy of the documents in an envelope addressed to the
above addresses and deposited the envelope, with sufficient postage, in the United States Mail at
the Post Office located in the City of _____, in the State of _____.

Dated: _____
(Month Day Year)

Subscribed and sworn to before me this _____
of _____,
(DATE) (MONTH) (YEAR)

Notary Public/Court Deputy

Internet version

Signature: _____
Sign only in presence of notary or court clerk
Print Name: _____
Street address: _____
City/State/Zip: _____
Telephone: (____) _____

Approved by Conference of Chief Judges: (Draft: 8/30/99)