

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

Affidavit of

(Fill in your name)

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

_____, being first duly sworn/affirmed, says that:
(Your name)

- I am the Petitioner/Plaintiff/Respondent/Defendant (circle one) in this action:
- I am employed by:
Employer _____
Address _____
Work Number _____ Occupation _____
Length of Employment _____ Supervisor _____
Gross Pay _____ per (circle one) Month / Week / Semi-Monthly / Bi-Weekly
- I was previously employed by _____ for _____ years.
- I have the following additional sources of income:
Source: _____ \$ _____ per month
Source: _____ \$ _____ per month
Source: _____ \$ _____ per month
- There has not been a sufficient cost-of-living or other increase in my income to allow for an adjustment in my child support.
- Copies of my tax returns and any other documentation of my income for the past three years, _____, _____ and _____ is provided to the other party of this action (year) (year) (year) and the county attorney as an attachment and provided to the Court Administrator.
- I am submitting this affidavit in support of my motion to stop the cost-of-living adjustment.

Dated: _____

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

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public / Deputy Court Administrator