

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Dissolution

**In Re the Marriage of:**

\_\_\_\_\_  
Name of Petitioner

**Affidavit in Support of  
Motion for Temporary Relief with  
Children**

and

\_\_\_\_\_  
Name of Respondent

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

My name is \_\_\_\_\_ and I state under oath that:

1. I am the (*check one*):  Petitioner/Plaintiff  Respondent/Defendant in this case, and I make this *Affidavit* in support of my *Motion For Temporary Relief With Children*.
2. A juvenile court proceeding or child protection case involving any or all of the child(ren) in this case:
  - IS NOT taking place in any county or state
  - IS taking place in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the file number is \_\_\_\_\_.
3. An *Order for Protection* involving me and the other party and/or the child(ren):
  - DOES NOT exist in any county or state

DOES exist in \_\_\_\_\_ County in the State of \_\_\_\_\_. The *Order for Protection* is dated \_\_\_\_\_ and the file number is \_\_\_\_\_.

**A copy of the *Order for Protection* is attached.**

4. My spouse and I have \_\_\_\_\_ minor child(ren) who is/are:

Full Name of Child (first, middle, last)	Date of Birth (mo/day/year)	Age

5. The child(ren) currently live with:

Petitioner/Plaintiff  Respondent/Defendant  Other \_\_\_\_\_

who is the child(ren)'s:  Mother  Father  Other relation to the children.

The address of the child(ren) is \_\_\_\_\_ in the City of \_\_\_\_\_, State of \_\_\_\_\_, zip code \_\_\_\_\_. The child(ren) has/have lived at this address since the date \_\_\_\_\_

6. I want the Court to grant temporary legal custody of the child(ren): (*check one*)

a. Jointly to me and my spouse because \_\_\_\_\_

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

b. Solely to (*check one*):  Me  My spouse because \_\_\_\_\_

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

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

7. I want the Court to grant temporary physical custody of the child(ren) (*check one*):
- a. Jointly to me and my spouse, with the child(ren) living with me at the following times: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ and the children living with my spouse at the following times \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Solely to:  Me  My spouse

8. I believe that my request for physical custody is in the child(ren)'s best interests because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I am asking for (*check one*):  supervised  unsupervised parenting time for the child(ren) and my spouse because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. I am asking for the parenting time schedule in my *Motion* and I believe this schedule is in the child(ren)'s best interests because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. I am asking the Court to decide temporary child support.

My monthly gross income is \$ \_\_\_\_\_ from \_\_\_\_\_  
My spouse's monthly gross income is \$ \_\_\_\_\_ from \_\_\_\_\_

12.  I AM NOT asking for temporary spousal maintenance.
- I AM asking the Court to decide temporary spousal maintenance LATER.
- I AM asking the Court for spousal maintenance. I do not have enough income to meet my needs. My spouse has income to meet his or her needs and is able to help me. My income and expenses are in my *Application for Temporary Relief*. I need \$ \_\_\_\_\_ per month. I cannot support myself because \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. I am asking the Court to order my spouse to pay my attorney's fees:  YES  NO. If YES, I need attorney's fees because \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

14. My spouse should go to an evaluation:  YES  NO. If YES, the evaluations should be ordered for: (*check all that apply*)
- Alcohol use  Drug use  Anger management/Domestic abuse **or**  Other (*please specify*) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15.  I am asking the Court to order that I have sole use and possession of our home located at *(the address)* \_\_\_\_\_  
\_\_\_\_\_

I am asking the Court to order that my spouse have sole use and possession of our home located at *(the address)* \_\_\_\_\_  
\_\_\_\_\_

I am asking the Court to order that my spouse and I stay in the home located at *(the address)* \_\_\_\_\_  
\_\_\_\_\_

I am asking the Court for the relief checked above because \_\_\_\_\_  
\_\_\_\_\_

16. My spouse and I have already divided our personal belongings, household goods and furniture: *(check one)*:  YES  NO. If NO, I am asking for the temporary use and possession of the following personal property, household goods and furniture *(list the specific items)*: \_\_\_\_\_  
\_\_\_\_\_

because \_\_\_\_\_  
\_\_\_\_\_

I am asking that my spouse have the temporary use and possession of the following household goods and furniture *(list the specific items)*: \_\_\_\_\_  
\_\_\_\_\_

because \_\_\_\_\_  
\_\_\_\_\_

17. My spouse and I own motor vehicle(s):  YES  NO. If YES, I want the temporary use and possession of the following motor vehicle(s): *(list year/make/model for each vehicle)* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ because \_\_\_\_\_  
\_\_\_\_\_

I want my spouse to have the temporary use and possession of the following motor vehicle(s): *(list year/make/model for each vehicle)* \_\_\_\_\_

because \_\_\_\_\_

I will make the payments and insurance costs for my vehicle(s):  YES  NO. If no, I want my spouse to make these payments because \_\_\_\_\_

My spouse should make the payments and insurance costs for his/her vehicle(s):  YES  NO. If NO, I want my spouse to make these payments because \_\_\_\_\_

18. My spouse and I have debts:  YES  NO. If YES, I am asking the Court to order the debts to be paid temporarily as I asked in my *Motion* because \_\_\_\_\_

19. I want to change certain medical, dental, automobile or life insurance policies:  YES  NO. If YES, I want to make the following changes: \_\_\_\_\_

\_\_\_\_\_ because \_\_\_\_\_

20. I am asking for insurance to be reinstated:  YES  NO. If YES, explain:

- a. What insurance has lapsed or been cancelled: \_\_\_\_\_
- b. The date that the insurance lapsed or was cancelled: \_\_\_\_\_
- c. Who let the insurance lapse or cancelled it: \_\_\_\_\_

d. Why should the insurance be reinstated: \_\_\_\_\_  
\_\_\_\_\_

21. I believe that my spouse's income will increase:  YES  NO. If YES, this income is  
(check all that apply):  salary or wage increases;  overtime pay;  bonuses; or   
other (specify): \_\_\_\_\_

I want the Court to order my spouse to immediately notify me of any changes in his or her  
income:  YES  NO because (s)he might not tell me and I want to know because

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

22. I want the Court to order that my spouse shall not spend or otherwise use income raises,  
income tax refunds, bonuses or other extra income:  YES  NO. If YES, because

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

23. I am asking the Court for permission to sell or otherwise dispose of property:  
 YES  NO. If YES, I want to sell or otherwise dispose of the following property  
(be specific): \_\_\_\_\_

because \_\_\_\_\_  
\_\_\_\_\_

24. I asked the Court for additional relief:  YES  NO. I asked for this relief because

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

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

\_\_\_\_\_  
*Signature (Sign only in front of notary public or court administrator.)*

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

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

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

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

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator