

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

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

**Affidavit in Support of Motion
to Stop Accrual of
Child Support Interest**

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

(Check all that apply)

- That I have made both complete and timely payments of both current support and court-ordered paybacks of my child support debt or arrearage. Attached to this Affidavit is proof that I have made these payments consecutively for the last 12 months.
- That I am unable to pay support because of a significant physical or mental disability. Attached to this Affidavit is proof of my physical or mental disability.
- That I am a recipient of Supplemental Security Income (SSI), Title II Older American's Survivor's Disability Insurance (OASDI), other disability benefits, or public assistance based upon need. Attached to this Affidavit is proof of my recipient status.
- That I have been or will be incarcerated or institutionalized for at least 30 days for an offense other than nonsupport of the child(ren) involved, and am financially unable to pay support. The date I became incarcerated or institutionalized was _____ and my anticipated release date is _____

Dated: _____

Sworn / affirmed before me this

_____ day of _____, _____

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

Notary Public / Deputy Court Administrator