

IN THE TRIBAL COURT OF THE PRAIRIE ISLAND
MDEWAKANTON DAKOTA COMMUNITY

PRAIRIE ISLAND INDIAN RESERVATION

STATE OF MINNESOTA

Petitioner

Case Number

vs

**Motion for Modification of
Child Support Order**

Respondent

Failure to provide the Petitioner's, Respondent's, and Attorney's
complete information WILL delay the filing of this petition.

The Filing Fee is \$150

Petitioner's Name: _____

Petitioner's Physical Address: _____

Petitioner's Mailing Address (including zip code): _____

Petitioner's Phone Number and E-mail Address:

Respondent's Name: _____

Respondent's Physical Address: _____

Respondent's Mailing Address (including zip code): _____

Respondent's Phone Number and E-mail Address:

Attorney's Name: _____

Attorney's Mailing Address (including zip code): _____

Attorney's Phone Number and E-mail Address:

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Comes now the *Petitioner*, _____, by and through the attorney of record herein, and respectfully moves this Court to modify the Order in the above-captioned matter modifying the Order entered in this action on the ____ day of _____, 20____, to provide a cost of living adjustment as provided for in the Prairie Island Mdewakanton Dakota Community Judicial Code, Title 3, Chapter 3, Section 6(b)(2)(iv), which allows modification of a maintenance award upon a change in the cost of living for either party measured by the Federal Bureau of Statistics.

Petitioner, _____, further moves this Court for its Order to Show Cause requiring the *Respondent*, _____, to appear in Prairie Island Tribal Court to show cause, if any he/she has, why said Order should not enter in this action.

This Motion is based upon the affidavit in support hereof filed herewith and all files and records in this action.

Dated this ____ day of _____, 20____.

Signature of **Petitioner**

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INCOME

1. My only source of income is TANF, SSI, or GA/GR. *(If you check this box, skip to item 8.)*

I have applied for TANF, SSI, or GA/GR.

2. I am the parent of the following number of natural or adopted children from this relationship: _____

3. The children from this relationship are with me this amount of time: _____%

b. The children from this relationship are with the other parent this amount of time: _____%

c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:

4. My tax filing status is: single married filing jointly head of household
 married filing separately.

5. My current gross income (before taxes) per month is *(specify amount)*: \$ _____

This income comes from the following:

Salary (wage): Amount before taxes per month *(specify amount)*: \$ _____

Retirement: Amount before taxes per month *(specify amount)*: \$ _____

Unemployment compensation: Amount per month *(specify amount)*: \$ _____

Worker's compensation: Amount per month *(specify amount)*: \$ _____

Other Amount per month *(specify amount)*: SSI Social Security: \$ _____

Disability: Amount per month *(specify amount)*: \$ _____

I have no income other than as stated in this paragraph.

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EXPENSES

6. I pay the following monthly expenses for the children in this case:

Day care or preschool to allow me to work or go to school (*specify amount*): \$ _____

Health care not paid for by insurance (*specify amount*): \$ _____

School, education, tuition, or other special needs of the child (*specify amount*): \$ _____

Travel expenses for visitation (*specify amount*): \$ _____

7. There are (*specify number*) _____ other minor children of mine living with me.
Their monthly expenses that I pay are (*specify amount*): \$ _____

8. I spend the following average monthly amounts (*please attach proof*):

Job-related expenses that are not paid by my employer (*specify on separate sheet for what expenses are paid*): \$ _____

Required union dues (*specify amount*): \$ _____

Required retirement payments (not Social Security or FICA) (*specify amount*): \$ _____

Health insurance costs (*specify amount*): \$ _____

Child support I am paying for other minor children of mine who are not living with me
(*specify amount*): \$ _____

Spousal support I am paying because of a court order for another relationship
(*specify amount*): \$ _____

Monthly housing costs: rent or mortgage (*specify amount*): \$ _____

9. Information concerning my current employment my most recent employment:

Employer: _____

Address: _____

Telephone number: _____

Occupation: _____

Date work started: _____

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My estimate of the other party's gross monthly income
(before taxes) is (specify amount): \$ _____

Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).

I declare under penalty of perjury under the laws of the Prairie Island Mdewakanton Dakota Community that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay that party's attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or Wages
 - Disability
 - Unemployment
 - Worker's Compensation
 - Social Security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete an *Income and Expense Declaration*. Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* at the end of this document.

Step 2: Make 2 copies of each of your 3 most recent pay stubs. If you received money from other than wages of salary, include copies of the payment notice received with that money.

Privacy notice: If you wish, you may cross out your Social Security Number if it appears on the wage stub or other payment notice.

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8 ½" x 11", and staple to this form.

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Step 5: Make 2 copies of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, or the local child support agency one copy of this form, one copy of each of your three most recent pay stubs, and one copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with one copy of each of your three most recent pay stubs. Take this document and give it to the clerk of the court.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Bring the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider. This may result in an order that is not what you want.

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INCOME AND EXPENSE DECLARATION

Step 1: Answer all questions that apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare of TANF?

Receiving Applied for Intend to apply for No

2. What is your date of birth
(month/day/year)? _____

3. What is your occupation? _____

4. Highest year of education completed: _____

5. Are you currently employed? Yes No

a. If yes: (1) Where do you work? (name and address):

(2) When did you start to work there (month/year)? _____

b. If no: (1) When did you last work (month/year)? _____

(2) What were your gross monthly earnings? _____

6. What is the total number of minor children you are legally obligated to support?

Step 2: Monthly income information

7. Net monthly disposable income (from line 16a of Page 4):

\$ _____

8. Current net monthly disposable income (if different from line 7, explain below)

\$ _____

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Step 3: Expense information

9. Total monthly expense from line 2q of Page 6: \$ _____

10. Amount of these expenses paid by others: \$ _____

Step 4: Other party's income

11. My estimate of the other party's gross monthly income is: \$ _____

Step 5: Date and sign this form

I declare under penalty of perjury under the laws of the Prairie Island Indian Community that the foregoing is true and correct.

Date: _____

(SIGNATURE OF DECLARANT)

(TYPE OR PRINT NAME)

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INCOME INFORMATION OF (Name): _____

1. Total gross salary or wages, including commissions, bonuses and overtime paid during the last 12 months. \$_____

2. All other money received during the last 12 months **except welfare, TANF, SSI, spousal support from this marriage or any child support.** *Include pensions, social security, disability, unemployment, and military basic allowance for quarters (BOA), spousal support from a different marriage, dividends, interest or royalty, trust income and annuities. Include income from a business, rental property and reimbursement of job-related expenses.*

Specify Source Below:

2a. \$_____

2b. \$_____

2c. \$_____

2d. \$_____

- *Prepare and attach a schedule showing the gross receipts less cash expense for each business or rental property.*

3. Add lines 1 through 2d. **3.** \$_____

Divide line 3 by 12 and place results on line 4a.

Average	Last month	12 months
4. Gross income	4a. \$_____	4b. \$_____
5. State income tax	5a. \$_____	5b. \$_____
6. Federal income tax	6a. \$_____	6b. \$_____

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7. Social Security and Hospital Tax
("FICA" and "MEDI")
Or self-employment tax,
Or the amount used to secure
Retirement or disability benefits

7a. \$ _____ 7b. \$ _____

8. Health insurance for you and any
children you are required to support

8a. \$ _____ 8b. \$ _____

9. State disability insurance

9a. \$ _____ 9b. \$ _____

10. Mandatory union dues

10a. \$ _____ 10b. \$ _____

11. Mandatory retirement and pension fund
Contributions

11a. \$ _____ 11b. \$ _____

(Do not include any deduction claimed in item 7)

12. Court-ordered child support, court-ordered
spousal support, and voluntarily paid child support
in an amount not more than the guideline amount,
**actually being paid for a relationship other than
that involved in this proceeding:**

12a. \$ _____ 12b. \$ _____

13. Necessary job-related expenses
(attach explanation)

13a. \$ _____ 13b. \$ _____

14. Hardship deductions (Line 4d on
Page9)

14a. \$ _____ 14b. \$ _____

15. Add lines 5 through 14.

15a. \$ _____ 15b. \$ _____

Total monthly deductions

16. Subtract line 15 from line 4.

Net monthly disposable income.

16a. \$ _____ 16b. \$ _____

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17. TANF, welfare, spousal support from this marriage and child support from other relationships received each month: \$ _____

18. Cash and checking accounts: \$ _____

19. Savings, credit union, certificates of deposit and money market accounts. \$ _____

20. Stocks, bonds and other liquid assets: \$ _____

21. All other property, real or personal (*specify below*): \$ _____

- ***Attach a copy of your three most recent pay stubs.***

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EXPENSE INFORMATION OF (Name):

1a. List all those persons in your home whose expenses are included below and their income:

Name: _____

Age: _____

Relationship: _____

Name: _____

Age: _____

Relationship: _____

Name: _____

Age: _____

Relationship: _____

Gross Monthly Income

Name: _____

Age: _____

Relationship: _____

1b. List all other persons living in your home and their income:

Name: _____

Age: _____

Relationship: _____

Name: _____

Age: _____

Relationship: _____

Name: _____

Age: _____

Relationship: _____

Gross Monthly Income

Name: _____

Age: _____

Relationship: _____

_____ Gross Monthly Income

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2. MONTHLY EXPENSES

Residence payments

Rent or Mortgage

\$ _____

If mortgage, include:

Average principal

\$ _____

Average interest

\$ _____

Impound for real Property taxes

\$ _____

Impound for homeowners insurance

\$ _____

(1) Real property taxes (if not included in item 2)

\$ _____

(2) Home owner's or renter's Insurance (if not included in item 2)

\$ _____

(3) Maintenance

\$ _____

a. Unreimbursed medical and dental expenses

\$ _____

b. Child Care

\$ _____

c. Children's expenses

\$ _____

d. Food at home and household supplies

\$ _____

e. Food eating out

\$ _____

f. Utilities

\$ _____

g. Telephone

\$ _____

h. Laundry and cleaning

\$ _____

i. Clothing

\$ _____

j. Insurance (life, accident, etc. Do not include auto, Home or health insurance)

\$ _____

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- k. Education (specify) \$ _____
- l. Entertainment \$ _____
- m. Transportation and auto expenses (insurance, gas, oil, repair) \$ _____
- n. Installment payments (insert total and itemize below in item 2) \$ _____
- o. Other (specify) \$ _____
- p. TOTAL EXPENSES (a-o)**

Do not include amounts in a (2) \$ _____

2. ITEMIZATION OR INSTALLMENT PAYMENTS OR OTHE DEBTS

- 1.
- 2.
- 3.
- 4.

ATTORNEY FEES

- To date I have paid my attorney for fees and costs: \$ _____
- b. I owe to date the following fees and costs over the amount paid: \$ _____
- My arrangement for attorney fees and costs is: \$ _____

I confirm this information and fee arrangement. _____

(Signature of attorney)

(Type or print name of attorney)

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CHILD SUPPORT INFORMATION OF (Name):

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE

1. Health insurance is is not available through my employer.

a. Monthly cost paid by me or on my behalf for the children is: \$_____

b. Name carrier: _____

c. Address of carrier: _____

d. Policy or group number: _____

2. Approximate percentage of time each parent has the primary physical responsibility for the children:

Father _____ % of time

Mother _____ % of time

3. The Court is requested to order the following as additional child support:

a. Child care costs related to employment or to reasonably necessary education or training for employment skills.

(1) Monthly amount currently paid by father: \$_____

(2) Monthly amount currently paid by mother: \$_____

b. Uninsured health care costs for the children (for each state the purpose for which the cost was incurred and the estimated monthly, yearly or lump sum amount paid by each parent): \$_____

c. Education or other special needs of the children (for each state the purpose for which the cost was incurred and the estimated monthly, yearly or lump sum amount paid by each parent): \$_____

d. Travel expense for visitation

(1) Monthly amount currently paid by the father \$_____

(2) Monthly amount currently paid by the mother \$_____

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4. The Court is requested to allow the deductions identified below; which are justifiable expenses that have been caused by an extreme financial hardship.

Amount paid per month. How many months will you need to make these payments?

a. Extraordinary health care expenses (specify and attach any supporting documents): \$ _____ # _____

b. Uninsured catastrophic losses (specify and attach supporting documents): \$ _____ # _____

c. Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (specify names and ages of these children) \$ _____ # _____

Total hardship deductions requested (add lines a-c) \$ _____