

STATE OF NORTH DAKOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
Plaintiff, )  
 )  
vs )  
 )  
\_\_\_\_\_  
Defendant. )

Case No. \_\_\_\_\_

**AFFIDAVIT IN SUPPORT  
OF MOTION FOR  
VISITATION ASSISTANCE**

My name is \_\_\_\_\_. In answering the following questions, I understand that I am under oath and that I must tell the truth.

1. A Protection or Restraining Order involving me or the other party and/or the child(ren):  
\_\_\_\_\_ is not currently in effect in any state.  
\_\_\_\_\_ is in effect from \_\_\_\_\_ County, in the State of \_\_\_\_\_,  
and its file number is \_\_\_\_\_.
2. The following child(ren) are involved in this case (attach another sheet if necessary):

Child's Initials	Year of Birth	My relationship to Child

**\*Confidential Information form (Form 2b) is filed with my Motion.**

3. The child(ren) live in the State of \_\_\_\_\_, and have lived there since the month of \_\_\_\_\_, 20\_\_\_\_. The child(ren) live with \_\_\_\_\_, who is related to them as \_\_\_\_\_.

The address of the child(ren) is:

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

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

I have \_\_\_\_\_ have not \_\_\_\_\_ attended a children of divorce class (Check one please).

4. I have a visitation problem. It is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ITEMS 5-14 IN PARTS I, II AND III, CHECK ONLY THOSE THAT APPLY –  
THE SAME AS YOU CHECKED ON YOUR MOTION FOR VISITATION  
ASSISTANCE.**

**I. If you only want the Court to enforce the current order.**

\_\_\_\_\_ 5. I ask that the other party be ordered to follow the existing visitation order because the other party has disobeyed it as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. If you want the Court to change the visitation order.**

\_\_\_\_\_ 6. I believe that the changes in the current visitation schedule I am requesting are in the best interest of the minor child(ren) for reasons that were unknown to the Court, or that have arisen since the last order. Those reasons are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 7. I believe it is in the best interests of the child(ren) that the existing visitation order be changed from “reasonable visitation” to the following specific visitation schedule:

Weekends: \_\_\_\_\_

\_\_\_\_\_

Week nights or after school: \_\_\_\_\_

\_\_\_\_\_

Holidays: \_\_\_\_\_

\_\_\_\_\_

Summer: \_\_\_\_\_

\_\_\_\_\_

School Holidays: \_\_\_\_\_

\_\_\_\_\_

Telephone contact: \_\_\_\_\_

\_\_\_\_\_

Mail/electronic contact: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ 8. I believe it is in the best interests of the child(ren) that the existing visitation order be changed to the following specific visitation schedule:

Weekends: \_\_\_\_\_

\_\_\_\_\_

Week nights or after school: \_\_\_\_\_

\_\_\_\_\_

Holidays: \_\_\_\_\_

\_\_\_\_\_

Summer: \_\_\_\_\_

\_\_\_\_\_

School Holidays: \_\_\_\_\_

\_\_\_\_\_

Telephone contact: \_\_\_\_\_

\_\_\_\_\_

Mail/electronic contact: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **9.** I ask that the existing visitation order be changed to provide for drop offs and pick ups of the child(ren) to occur at a visitation exchange center, and for both parties to follow all rules of the visitation exchange center, because:

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\_\_\_\_ **10.** I ask that the existing visitation order be changed to provide for the transportation of the child(ren) for visitation to be as follows:

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because \_\_\_\_\_

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\_\_\_\_ **11.** I believe that it is in the best interests of the child(ren) that the existing visitation order be changed to require supervised visitation because:

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\_\_\_\_ **12.** I believe that it is in the best interests of the child(ren) that the existing visitation order be changed to allow unsupervised visitation because:

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**III. Costs.**

\_\_\_\_ **13.** I ask that the other party be ordered to pay me for my Court costs and attorney fees which total \$ \_\_\_\_\_, because:

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\_\_\_\_ 14. I ask the Court to order the party to pay me for my other expenses which total \$\_\_\_\_\_, because the other party wrongfully disobeyed the visitation order, and caused me to have these expenses that I would not have otherwise had.

**ADDITIONAL:**

\_\_\_\_ 15. I believe the following information would be helpful to the Court in understanding this visitation problem:

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**(Signature – Sign & date only in presence of notary public or Clerk of Court)**

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, Zip Code)*

\_\_\_\_\_  
*(Telephone Number)*

For notary public:

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*(Clerk of Court or Notary Public)*

\_\_\_\_\_ County, North Dakota

If Notary Public, my commission expires: \_\_\_\_\_

STATE OF NORTH DAKOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_) )  
**Plaintiff,** ) )  
 ) )  
vs ) )  
 ) )  
\_\_\_\_\_) )  
**Defendant.** ) )

Case No. \_\_\_\_\_

**CONFIDENTIAL INFORMATION  
FORM**

**FULL INFORMATION**

**REDACTED**

**PLAINTIFF:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

**DEFENDANT:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

**MINOR CHILD:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Initials: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

**MINOR CHILD:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Initials: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

**MINOR CHILD:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Initials: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

**MINOR CHILD:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Initials: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

**MINOR CHILD:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Initials: \_\_\_\_\_  
Year of Birth: \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_, Plaintiff \*OR\* Defendant  
(Signature)