

**FORM 8E.**

**AFFIDAVIT OF DEFAULT OF SUPPORT JUDGMENT**

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn on oath deposes and states that she/he is the \_\_\_\_\_.

According to the order dated \_\_\_\_\_, the obligor is to pay \$ \_\_\_\_\_ per \_\_\_\_\_ as and for child support. Judgment was obtained by operation of law for unpaid child support as follows:

<u>Payment Due Date(s)</u>	<u>Amount Paid</u>	<u>Amount Unpaid</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Unpaid: \_\_\_\_\_

The obligor's full name is \_\_\_\_\_. The Obligor's last known employer is \_\_\_\_\_. The Obligor's last known address is \_\_\_\_\_, in the City of \_\_\_\_\_, State of \_\_\_\_\_. The obligor's last known post office address is \_\_\_\_\_. The obligor is not in the Armed Services.

All support payments are payable to \_\_\_\_\_.

\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public