

**State of Minnesota**

**District Court**

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Assigned Judge: \_\_\_\_\_  
Case Type: **Dissolution with Children**

**In Re the Marriage of:**

\_\_\_\_\_  
Name of Petitioner (first, middle, last)

and

**Marital Termination Agreement**

\_\_\_\_\_  
Name of Respondent (first, middle, last)

A. Petitioner and Respondent have reached an agreement resolving all of the issues in this dissolution of marriage proceeding. Petitioner’s and Respondent’s entire agreement is set forth in this *Marital Termination Agreement*.

B. Throughout this proceeding, Petitioner:  has not been represented by an attorney  has been represented by the following attorney: \_\_\_\_\_.

C. Throughout this proceeding, Respondent:  has not been represented by an attorney  has been represented by the following attorney: \_\_\_\_\_.

D. Service of the *Summons and Petition for Dissolution of Marriage*:

Respondent was personally served on \_\_\_\_\_, \_\_\_\_\_, **OR**

Respondent signed an *Admission of Service* on \_\_\_\_\_, \_\_\_\_\_, **OR**

Respondent was served by alternate means as ordered by the court as follows:

By mailing the Summons and Petition to Respondent at the address(es) stated in the Order for Service by Alternate Means on this date: \_\_\_\_\_.

By publication of the *Summons* in \_\_\_\_\_ newspaper for 3 consecutive weeks, once each week, on the following 3 dates: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

E. Petitioner was served with an *Answer and Counter-Petition*:  YES  NO. If YES, Petitioner was served with the *Answer and Counter-Petition* on \_\_\_\_\_, \_\_\_\_\_.

Petitioner and Respondent agree to the following facts regarding this case:



List all of Respondent's former or other names or write "None":

First	Middle	Last
First	Middle	Last

**3. Our Marriage**

Petitioner and Respondent were married on: (month, day, year) \_\_\_\_\_,  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_,  
Country of \_\_\_\_\_.

**4. 180 Day Requirement**

Has Petitioner been living in Minnesota for the past six (6) months?  YES  NO  
Has Respondent been living in Minnesota for the past six (6) months?  YES  NO

**5. Armed Forces**

Is Petitioner an active duty member of the armed forces?  YES  NO  
**If YES**, has Petitioner been stationed in Minnesota for the past six (6) months?  YES  NO  
  
Is Respondent an active duty member of the armed forces?  YES  NO  
**If YES**, has Respondent been stationed in Minnesota for the past (6) months?  YES  NO

**6. Marriage Cannot be Saved**

There has been an irretrievable breakdown of the marriage relationship and the marriage between Petitioner and Respondent cannot be saved.

**7. Physical Living Situation**

Do Petitioner and Respondent live together at this time?  YES  NO

If **NO**, the date of separation was: \_\_\_\_\_.  
Month Day Year

If **YES**, Petitioner and Respondent are living together at this time because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Other Proceedings**

a. Has a separate court case for marriage dissolution, legal separation, custody, paternity or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere?  YES  NO If YES, the type of court case is: \_\_\_\_\_, and it was started in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_, and the status or outcome of the case is:  Open  Closed  Unknown or \_\_\_\_\_

b. Has a County started a Support case involving the Petitioner and the Respondent or their children?  YES  NO If YES, the case was started in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_.  A copy of the Support Order is attached to this form, or was attached to the Petition, or the case is  Dismissed  Pending.

**9. Protection or Harassment Order**

Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent?  YES  NO

**If YES:**

a. The *Order* protects:  Petitioner  Respondent  the child(ren) and the Order was filed in \_\_\_\_\_ County in \_\_\_\_\_ State on \_\_\_\_\_ date, and the Court file number is \_\_\_\_\_.

A copy of the Order is attached to this form or was attached to the Petition.

b. Does the Order for Protection include an order to pay child support?  YES  NO

**10. Juvenile Court Case**

Is a Juvenile Court case (child protection, delinquency or foster care) involving the joint child(ren) of Petitioner and Respondent taking place in Minnesota or another state?  YES  NO

If YES, the case is in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_. The name of the child or children involved in the Juvenile Court case is: \_\_\_\_\_

**11. Children Husband and Wife have Together (Joint Children)**

"Child" means a living person under age 18, or under age 20 and still in high school.

- a. Are there any children born to or adopted by husband and wife together, either before or during the marriage?  YES  NO If YES,

Full Name of Child	Date of Birth	Age	Child Currently Lives With
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)

If a child is living with someone other than a parent, write the child's address below:

Address: \_\_\_\_\_  
Street Address Apt. No.  
 \_\_\_\_\_  
City County State Zip Code

- b. Has each child born to or adopted by husband and wife together lived in Minnesota for the past six (6) months?  YES  NO

If NO, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state: \_\_\_\_\_

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

**12. Adult Dependent Children**

Support can be ordered for a joint child over age 18 who cannot support him/herself because of a physical or mental condition.

- Is there an adult joint child born to or adopted by Husband and Wife who is not able to support himself or herself because of a physical or mental condition?  YES  NO

If YES, the full name, date of birth and age of each adult dependent is:



If **YES**, the full name, date of birth and age of each child *born prior to the marriage* is:

Full Name of Child and Age	Date of Birth	Does Child Live with Wife?	Is Wife Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Has Wife given birth, *since marrying Husband*, to a minor child who is not a child of the Husband?  YES  NO

If **YES**, answer (i) , (ii), (iii) and (iv):

(i) List the full name, date of birth and age of each child born to Wife since marrying Husband, who is not a child of the Husband:

Full Name of Child and Age	Date of Birth	Does Child Live with Wife?	Is Wife Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

(ii) Is there a Court Order naming someone other than the Husband as the father of the child(ren) listed in (i) above?  YES  NO

The Order is for: \_\_\_\_\_  
Full Name of Child(ren)

(iii) Have the Wife and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above?  YES  NO

If **YES**, state the full name of the child: \_\_\_\_\_ and  
attach a copy of the Recognition of Parentage.

If **NO**, why not? \_\_\_\_\_  
\_\_\_\_\_

(iv) Has the Husband signed the “Husband’s Non-Paternity Statement ” for any of the children listed at (i) above?  YES  NO

If **YES**, state the name of the child: \_\_\_\_\_

If **NO**, why not? \_\_\_\_\_  
\_\_\_\_\_

**16. Parenting Time**

It is in the best interests of the children that:

Petitioner's parenting time with the joint children be: (check one)

unsupervised     supervised     reserved

Respondent's parenting time with the joint children be: (check one)

unsupervised     supervised     reserved

If parenting time is unsupervised for both parents, skip to Question 17.

For supervised parenting time answer a. and b. For reserved parenting time, answer c.

a. Supervision is necessary because unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development. The circumstances supporting this finding are: \_\_\_\_\_

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

b. It is in the best interests of the child(ren) that supervision of parenting time be arranged as follows: (State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details) \_\_\_\_\_

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

c. Parenting time should be reserved because: \_\_\_\_\_

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

**17. Public Assistance from State of Minnesota**

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

a. Does Petitioner receive public assistance from the State of Minnesota?  YES  NO

If **YES**, the assistance is from \_\_\_\_\_ County. (Check all that apply):

- MFIP in the amount of \$\_\_\_\_\_per month
- Tribal TANF in the amount of \$\_\_\_\_\_per month
- General Assistance in the amount of \$\_\_\_\_\_per month
- Child Care Assistance  MinnesotaCare  Medical Assistance

b. Does Respondent receive public assistance from the State of Minnesota?

YES  NO

If **YES**, the assistance is from \_\_\_\_\_ County. (Check all that apply):

- MFIP in the amount of \$\_\_\_\_\_per month
- Tribal TANF in the amount of \$\_\_\_\_\_per month
- General Assistance in the amount of \$\_\_\_\_\_per month
- Child Care Assistance  MinnesotaCare  Medical Assistance

c. Do the joint children of the parties receive public assistance from the State of Minnesota?

YES  NO

If **YES**, the assistance is from \_\_\_\_\_ County. (Check all that apply):

- MFIP  Medical Assistance  Tribal TANF  MinnesotaCare
- IV-E Foster Care

**18. Supplemental Security Income (SSI)**

Supplemental Security Income (SSI) is a Federal income supplement program. It is available to low-income people if they are over age 65, or blind, or disabled.

a. Does Petitioner receive Supplemental Security Income (SSI)?  NO  YES in the amount of \$\_\_\_\_\_per month.

b. Does Respondent receive Supplemental Security Income (SSI)?  NO  YES in the amount of \$\_\_\_\_\_per month.

c. Do any of the joint children of the parties receive Supplemental Security Income (SSI)?

NO  YES in the amount of \$\_\_\_\_\_per month. What is the name of the child Receiving SSI?\_\_\_\_\_

**19. School**

Is Petitioner currently enrolled in school?  YES  NO If Yes:

- a. The name of the school is \_\_\_\_\_.
- b. The type of school is  High School  College  Vocational  Other
- c. The type of degree expected is \_\_\_\_\_ and the expected graduation date is \_\_\_\_\_.

Is Respondent currently enrolled in school?  YES  NO If Yes:

- a. The name of the school is \_\_\_\_\_.
- b. The type of school is  High School  College  Vocational  Other
- c. The type of degree expected is \_\_\_\_\_ and the expected graduation date is \_\_\_\_\_.

**20. Petitioner’s Employment**

- a. Is Petitioner employed?  YES  NO Is Petitioner Self-Employed?  YES  NO
- b. Is Petitioner working at least 40 hours per week?  YES  NO

If Petitioner is unemployed or working less than 40 hours/week, answer these questions:

i. Why is Petitioner unemployed or working less than 40 hours/week. \_\_\_\_\_

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ii. What is Petitioner's past work experience (type of jobs, hours, pay, length of time at the job) and what are Petitioner's professional qualifications or licenses? \_\_\_\_\_

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c. Current Employment: (If Petitioner has more than two jobs at this time, use an attachment for the additional jobs.)

\_\_\_\_\_  
Name of Petitioner’s Employer (If Self-Employed, list name and business address)

\_\_\_\_\_  
Employer’s Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name of Petitioner's Employer (If Self-Employed, list name and business address)

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Questions about Current Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Is Petitioner paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Petitioner works per week?	_____ hours	_____ hours
How much overtime pay does Petitioner receive per week on average?	\$ _____	\$ _____
Does Petitioner receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

## 21. Petitioner's Income

### Source of Income

### Amount Per Month (or zero) before deductions/taxes

Self Employment Income \$ \_\_\_\_\_ per month

Self Employment income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses.

Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Second Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Third Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Commissions from all jobs \$ \_\_\_\_\_ per month

Divide the total amount you expect this year by 12 to get a monthly average

Unemployment benefits \$ \_\_\_\_\_ per month

Social Security Retirement, Survivors or Disability

Income (RSDI) (do not include SSI) \$ \_\_\_\_\_ per month

Investment and Rental Income \$ \_\_\_\_\_ per month

Annuity payments \$ \_\_\_\_\_ per month



Describe the needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Does Petitioner's monthly living expense (stated at #22) include the special needs expenses for the child?  YES  NO
- c. Does Respondent's monthly living expense (stated at #22) include the special needs expenses for the child?  YES  NO

**24. Respondent's Employment**

- a. Is Respondent employed?  YES  NO
- b. Is Respondent Self-Employed?  YES  NO
- c. Is Respondent working at least 40 hours per week?  YES  NO

If Respondent is unemployed or works less than 40 hours/week, answer these questions:

- i. Explain why Respondent is not working or why Respondent works less than 40 hours/week\_\_\_\_\_

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

- ii. What is Respondent's past work experience (type of jobs, hours, pay, length of time at the job) and professional qualifications or licenses?\_\_\_\_\_

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

- c. **Current Employment:** (If Respondent has more than two jobs at this time, use an attachment for the additional jobs.)

\_\_\_\_\_  
Name of Respondent's Employer (If Self-Employed list name and business address)

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name of Respondent's Employer (If Self-Employed list name and business address)

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
City State Zip Code

Questions about Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Respondent works per week?	_____ hours	_____ hours
How much overtime pay does Respondent receive per week on average?	\$ _____	\$ _____
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much did Respondent receive in bonuses last year? \$ _____ How much does Respondent expect to receive this year? \$ _____	If Yes, how much did Respondent receive in bonuses last year? \$ _____ How much does Respondent expect to receive this year? \$ _____

## 25. Respondent's Income

### Source of Income

### Amount Per Month (or zero) before deductions/taxes

Self Employment Income \$ \_\_\_\_\_ per month

Self Employment income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses.

Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Monthly income from a job =  $\frac{\text{Hourly wage} \times \text{Hours worked per week} \times 4.33}{\text{weeks per month}}$

Second Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Third Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Commissions from all jobs \$ \_\_\_\_\_ per month

Divide the total amount you expect this year by 12 to get a monthly average

Unemployment benefits \$ \_\_\_\_\_ per month

Social Security Retirement, Survivors or Disability

Income (RSDI) (do not include SSI) \$ \_\_\_\_\_ per month

Investment and Rental Income \$ \_\_\_\_\_ per month

Annuity payments \$ \_\_\_\_\_ per month

Pension or Disability from work or military \$ \_\_\_\_\_ per month

Worker's Compensation \$ \_\_\_\_\_ per month

Court-ordered spousal maintenance you receive \$ \_\_\_\_\_ per month

Other income \_\_\_\_\_ \$ \_\_\_\_\_ per month

Identify Source

Add all of the above. Total monthly income \$ \_\_\_\_\_ per month

Enter the amount of child support Respondent is court-ordered to pay for any nonjoint child(ren) \$ \_\_\_\_\_ per month

Enter the amount of spousal maintenance Respondent is court-ordered to pay to a current or former spouse \$ \_\_\_\_\_ per month

Enter the amount of Social Security or Veteran's Benefits received by a joint child because of Respondent's retirement, disability, or other eligibility \$ \_\_\_\_\_ per month

Which parent receives the payment for the child?

Petitioner  Respondent

## 26. Child Care Costs

Are there child care costs for joint children because of work or school?  YES  NO If YES,

a. How many of the joint children need child care?  One  Two  Three  \_\_\_\_\_

b. How much does the daycare center(s) or babysitter charge per month? \$ \_\_\_\_\_

c. Who pays the child care costs?

Petitioner pays \$ \_\_\_\_\_ per month

Respondent pays \$ \_\_\_\_\_ per month

The County pays \$ \_\_\_\_\_ per month through a subsidy or child care assistance.

If the County pays, who applied for the child care assistance?

Petitioner  Respondent  There is no county assistance

## 27. Health Care Coverage

Who receives Minnesota Care or Medical Assistance?

Petitioner  Respondent  Joint Children  No one

b. Does Petitioner have medical insurance? (other than MN Care or Medical Assistance)

Yes  No. If no, skip to c.

i. Where does Petitioner get the medical insurance?

through his/her employment

buys private medical insurance

ii. How much does the medical insurance cost?

\$ \_\_\_\_\_ per month for single coverage

\$ \_\_\_\_\_ per month for single plus spouse (if this is offered)

\$ \_\_\_\_\_ per month for family coverage

iii. Who is currently covered by this medical insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered \_\_\_\_\_  Nonjoint children

c. Does Petitioner have dental insurance? (other than MN Care or Medical Assistance)

Yes  No. If no, skip to d.

i. Where does Petitioner get the dental insurance?

through his/her employment

buys private dental insurance

ii. How much does the dental insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

Or,  Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

d. Does Respondent have medical insurance? (other than MN Care or Medical Assistance)

Yes  No If No, skip to e.

i. Where does Respondent get the medical insurance?

through his/her employment

buys private medical insurance

ii. How much does the medical insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

iii. Who is currently covered by this medical insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

e. Does Respondent have dental insurance? (other than MN Care or Medical Assistance)

Yes  No If No, skip to f.

i. Where does Respondent get the dental insurance?

through his/her employment

buys private dental insurance

ii. How much does the dental insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

Or,  Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

(Name the joint children who are covered\_\_\_\_\_  Nonjoint children

f. If the joint children are without health care coverage, is coverage available for purchase through Petitioner's or Respondent's employer?  YES  NO  The Children currently have health coverage

g. Other:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**28. Spousal Maintenance**

a. Does Petitioner need spousal maintenance from Respondent?  YES  NO If YES, Petitioner is \_\_\_\_\_ years of age, Petitioner and Respondent have been married for \_\_\_\_\_ years. Petitioner has the following education: \_\_\_\_\_. Petitioner's gross monthly income totals \$ \_\_\_\_\_, Petitioner's monthly expenses total \$ \_\_\_\_\_, and Petitioner is not able to maintain the standard of living established during the marriage because: \_\_\_\_\_

\_\_\_\_\_

b. Does Respondent need spousal maintenance from Petitioner?  YES  NO If YES, Respondent is \_\_\_\_\_ years of age, Petitioner and Respondent have been married for \_\_\_\_\_ years. Respondent has the following education: \_\_\_\_\_. Respondent's gross monthly income totals \$ \_\_\_\_\_, Respondent's monthly expenses total \$ \_\_\_\_\_, and Respondent is not able to maintain the standard of living established during the marriage because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**29. Vehicles**

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by husband or wife together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle?  YES  NO

Does Respondent own a vehicle?  YES  NO

List all vehicles owned by husband or wife together or separately:

Type of Vehicle (car, boat, truck etc.)	Year/Make/Model	Name(s) on Title	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**30. Marital Property**

Marital property means almost anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital Property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already in a manner satisfactory to Petitioner and Respondent?  YES  NO

If **NO**, Petitioner requests the following marital property: \_\_\_\_\_

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

If **NO**, Respondent requests the following marital property: \_\_\_\_\_

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

**31. Non-Marital Property**

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

a. Does Petitioner have non-marital property?  YES  NO

If YES, list Petitioner's non-marital property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Does Respondent have non-marital property?  YES  NO

If YES, list Respondent's non-marital property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

**32. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts**

Does Petitioner have money in banks, savings, cash or investments?  YES  NO

Does Respondent have money in banks, savings, cash or investments?  YES  NO

If YES,

a. List all accounts owned by one spouse alone or owned by both spouses jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #36.

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Account # Last 4 digits only</b>	<b>Amount</b>	<b>Belongs to: (name on account)</b>
		XX	\$	

b. List cash not listed at a.:

Petitioner has cash in the amount of \$ \_\_\_\_\_.

Respondent has cash in the amount of \$ \_\_\_\_\_.

**33. Business Interest**

Does Petitioner have an interest in a business?  YES  NO

Does Respondent have an interest in a business?  YES  NO

If YES, the name of the business is \_\_\_\_\_, the address is \_\_\_\_\_

and the value is \$\_\_\_\_\_. This value is based on:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 34. Manufactured Home

Does Petitioner own a manufactured home?  YES  NO

Does Respondent own a manufactured home?  YES  NO

**If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:**

a. Address of the manufactured home: \_\_\_\_\_  
in the city of \_\_\_\_\_, state of \_\_\_\_\_

b. What type of home is it? (single, double-wide etc.) \_\_\_\_\_

c. Whose name(s) is on the title? \_\_\_\_\_

d. When was the home purchased? \_\_\_\_\_

e. What was the purchase price? \$ \_\_\_\_\_

f. What is the current values of the home? \$ \_\_\_\_\_

g. How did you arrive at that amount as the current value? \_\_\_\_\_

h. How much money is still owed on the home? \$ \_\_\_\_\_

i. If money is owed on the home, who is the money owed to? \_\_\_\_\_

j. Do you own the land the home sits on, or do you rent a lot?  Rent  Own

Note: If you own the lot, you must list the land at Paragraph 35.

### 35. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

a. Do Petitioner and Respondent jointly own real property?  YES  NO

b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent?  YES  NO

c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner?  YES  NO

d. How many properties are owned by Petitioner and Respondent in total?

None  One  Two  Three  \_\_\_\_\_

**If Petitioner or Respondent own real property, separately or together,** complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Decree, and label each sheet "Attachment to Marital Termination Agreement of \_\_\_\_\_ (your names).

**Real Property Information**

1. Real Estate belongs to: (List full names of all owners) \_\_\_\_\_

2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Street Address of the real property is:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The property is in \_\_\_\_\_ County.

4. Purchase date \_\_\_\_\_ (month , day, year) and purchase price:\$ \_\_\_\_\_

5. Mortgages or loans: (List all mortgages and loans on the property)

There are no mortgages or loans on this property.

1<sup>st</sup> Mortgage: Amount currently owed \$ \_\_\_\_\_ and name of lender \_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed \$ \_\_\_\_\_ and name of lender \_\_\_\_\_

Other mortgages or loans: \_\_\_\_\_

6. Current Market Value of this property: \$ \_\_\_\_\_

How was this value determined? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. This property is the homestead: \_\_\_\_\_ Yes \_\_\_\_\_ No

**36. Retirement Plans**

a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

YES  NO If **YES:**

a) The account number is: (last 4 digits only) \_\_\_\_\_

b) The name of the bank that has the account is: \_\_\_\_\_

c) The current account balance is: \_\_\_\_\_

b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

YES  NO

If **YES:**

a) The name of the plan is: \_\_\_\_\_

b) The employer, union or group providing the plan is: \_\_\_\_\_

c) The date Petitioner began working at the job or joined the union or group plan is: \_\_\_\_\_  
\_\_\_\_\_

d) The type of plan is: (e.g. defined benefit, defined contribution) \_\_\_\_\_  
\_\_\_\_\_

e) The present value of the pension or plan is: \_\_\_\_\_

c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

YES  NO

If **YES:**

a) The account number is: (last 4 digits only) \_\_\_\_\_

b) The name of the bank that has the account is: \_\_\_\_\_

c) The current account balance is: \_\_\_\_\_

d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

YES  NO

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan:**

a) The name of the plan is: \_\_\_\_\_

- b) The employer, union or group providing the plan is: \_\_\_\_\_
- c) The date Respondent began working at the job or joined the union or group plan is:  
\_\_\_\_\_
- d) The type of plan is: (e.g. defined benefit, defined contribution) \_\_\_\_\_  
\_\_\_\_\_
- e) The present value of the pension or plan is: \_\_\_\_\_

**37. Debts**

Does Petitioner have debt?     YES     NO

Does Respondent have debt?     YES     NO

If YES, list debts in Petitioner's name, Respondent's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation. Fill in all information completely and attach another sheet of paper if necessary.

Money is owed to:	Money was used for:	Whose Name is on the Account and When was the Debt Incurred?		Balance Owed	Monthly Payment
		Name	Date		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Total Debt</b>				<b>\$</b>	<b>\$</b>

**38. Name Change**

Does Petitioner want to change his/her name?  YES  NO If **YES**, answer (a) through (c) below:

a. Petitioner’s name should be changed to \_\_\_\_\_

First Middle Last

Is this name a former legal name or maiden name?  YES  NO If **NO**, the reason

Petitioner wants to change to this name is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Petitioner has no intent to defraud or mislead anyone by changing his/her name:

True  False

c. Has Petitioner been convicted of a felony?  YES  NO

If **YES**, has Petitioner given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13?  YES  NO

Does Respondent want to change his/her name?  YES  NO If **YES**, answer (d) through (f) below:

d. Respondent’s name should be changed to \_\_\_\_\_

First Middle Last

Is this name a former legal name or maiden name?  YES  NO If **NO**, the reason

Respondent wants to change to this name is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Respondent has no intent to defraud or mislead anyone by changing his/her name:

True  False

f. Has Respondent been convicted of a felony?  YES  NO

If **YES**, has Respondent given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13?  YES  NO

**39. Other Findings**

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

**BASED UPON THE ABOVE INFORMATION**, Petitioner and Respondent request that the Court issue a final judgment and decree according to the terms of their Agreement, as follows:

**CONCLUSIONS OF LAW**

1. The bonds of matrimony between Petitioner and Respondent are dissolved, so they are single and not married.
2. Legal Custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

Granting **legal** custody of each minor joint child of the parties as follows:

Name of Child	Granting Legal Custody:
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.

3. Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren).

Granting **physical** custody of each of the minor joint children of the parties as follows:

Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.

**4. Parenting Time**

a. Petitioner's parenting time shall be:  Unsupervised  Supervised  Reserved

b. Respondent's parenting time shall be:  Unsupervised  Supervised  Reserved

c. Parenting Time shall be scheduled as follows:

(Clearly explain the time each parent will spend with each child. Include the time (o'clock) when the child will transfer from one parent to the other. If you want the order to say who will pick up and drop off the child, include that under "Other.")

**Regular schedule:**

Monday through Friday: \_\_\_\_\_

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

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

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

Summer (if you want a different schedule in summer) \_\_\_\_\_

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

Telephone contact with the child(ren):  Unlimited or  Only at certain times as follows:

(describe the days and times when the parent and child(ren) may have telephone contact) \_\_\_\_\_

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

**Exceptions to the Regular Schedule:**

You can have a different schedule for holidays, school release days, and birthdays. If you do not want a different schedule, leave it blank.

School Release days or breaks during the school year \_\_\_\_\_

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

Any school release day schedule will supercede the regular parenting schedule.

Birthdays (child's birthday, parent's birthday) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Holidays \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any holiday or birthday schedule will supercede the regular and school release parenting schedule.

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**d. Under the above Schedule:**

The children are with Petitioner:

- less than 10% of the time
- 10-45% of the time
- 45.1-50% of the time
- more than 50% of the time

The children are with Respondent:

- less than 10% of the time
- 10-45% of the time
- 45.1-50% of the time
- more than 50% of the time

**5. Basic Support for the Children**

(Choose a. or b.)

- a.  Petitioner  Respondent shall pay to  Petitioner  Respondent \$ \_\_\_\_\_  
per month starting on (date): \_\_\_\_\_ as the basic support obligation for  
the parties' minor child(ren). Any past due amounts of child support are still owed.

If this amount is more or less than the basic support obligation under Minnesota laws, the facts supporting  
the deviation from the basic amount are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The monthly amount shall be:

- subject to income withholding from the payor's income, regardless of source, by his or  
her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support  
Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying child  
support is self-employed, send payments to Minnesota Child Support Payment Center,  
P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or  
Respondent must apply for IV-D services or income withholding-only services at the**

**Child Support office in the County where the children live.** Until income withholding starts, the person owing support shall pay the other parent directly.

OR

The monthly amount shall be paid directly by the parent owing the child support to the parent receiving the child support , payable on the \_\_\_\_\_ day of each month.

b. Child Support shall be reserved because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Either party can ask the court to order the payment of child support in the future by filing a Motion stating that there is a change in circumstances.

6. **Medical and Dental Insurance for the Minor Children**

Ordering Medical insurance as follows:

a.  Petitioner  Respondent shall provide medical insurance for the minor child(ren) child(ren) through his/her **employer** or union. The other parent must pay a pro rata share of the health coverage costs by paying \_\_\_\_\_ OR  pay nothing toward the medical insurance costs because he/she is financially unable to contribute to the costs.

**OR**

b.  Petitioner  Respondent shall provide **medical** insurance for the minor child(ren) by obtaining and paying for **private insurance**. The other parent must pay a pro rata share of the health coverage costs by paying \_\_\_\_\_  
\_\_\_\_\_ OR  pay nothing toward the medical insurance costs because he/she is financially unable to contribute to the costs.

**OR**

c.  Petitioner  Respondent shall pay \$ \_\_\_\_\_ per month, per child, as reimbursement for Medical Assistance or Minnesota Care, payable by income withholding through the Minnesota Child Support Payment Center, provided Medical Assistance or Minnesota Care is open for the child(ren).

**OR**

d. Reserving the issue of medical insurance for the minor children.

Ordering **Dental** Insurance as follows:

a.  Petitioner  Respondent shall provide **dental** insurance for the minor child(ren) through his/her **employer or union**. The other parent must pay a pro rata share of the dental coverage costs by paying \_\_\_\_\_  
\_\_\_\_\_ OR  pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

**OR**

b.  Petitioner  Respondent shall provide **dental** insurance for the minor child(ren) by obtaining and paying for **private insurance**. The other parent must pay a pro rata share of the dental coverage costs by paying \_\_\_\_\_  
\_\_\_\_\_ OR  pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

**OR**

c. **Reserving** the issue of dental insurance.

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

7. **Uninsured and Unreimbursed Medical and Dental Expenses for the Children**

a. Petitioner shall pay \_\_\_\_\_ % of the uninsured and/or unreimbursed medical and dental costs for the minor child(ren) of the parties, and Respondent shall pay \_\_\_\_\_ % based on the percentage share of combined PICS (parental income for determining child support.)

**OR**

b. Reserving the issue of uninsured and unreimbursed medical and dental costs.

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance. Usually the parent with physical custody of the child will receive and pay the bill for the unreimbursed costs.

The parent who paid the bill must ask the other parent to pay his/her percentage share. To ask for payment, send to the other parent a) a copy of the bill, b) evidence that you have paid the bill, and c) a letter requesting payment to you in the amount of \$\_\_\_\_\_. This request for payment should be made

promptly, and no later than 3 months after the bill is paid. If a request for payment is made after 3 months, there must be exceptional circumstances to support the late request for payment.

The person receiving the request for payment shall make the payment within 30 days. If there is a good reason to question the payment, send a letter to the other parent stating what additional information is needed, or why payment is disputed. If neither payment nor a written letter disputing payment is sent within 30 days of receiving the request for payment, then the unpaid bill can be considered back due child support.

If the parents are not able to work out payment problems, either parent can bring a motion in Court asking the Court to decide the dispute, or asking the Court to adjust how they divide the bills, based on changes in the incomes of the parents.

#### 8. Medical and Dental Insurance for the Parties

- a. Each party shall provide for his or her own  medical  dental insurance.
- b. \_\_\_\_\_(full name) shall provide  medical  dental insurance for \_\_\_\_\_(full name).
- c. Allowing \_\_\_\_\_(full name), at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.
- d. Reserving the issue of medical and dental insurance for the parties.

#### 9. Child Care Expenses

- a. Petitioner shall pay \$\_\_\_\_\_ per month for child care expenses, and Respondent shall pay \$\_\_\_\_\_ per month for child care expenses; OR
- b. Reserving the issue of child care expenses.

#### 10. Spousal Maintenance

- a. Maintenance is denied to Petitioner and Respondent forever. The court is divested of jurisdiction over spousal maintenance.
- b. Maintenance is reserved because: \_\_\_\_\_  
\_\_\_\_\_.

Either party can ask the court to order the payment of spousal maintenance in the future by filing a Motion stating a change in circumstances.

c.  Petitioner  Respondent shall pay permanent spousal maintenance to the other party in the amount of \$\_\_\_\_\_per month starting on (date):\_\_\_\_\_. Any past due amounts are still owed.

d.  Petitioner  Respondent shall pay temporary spousal maintenance to the other party in the amount of \$\_\_\_\_\_per month starting on (date):\_\_\_\_\_and ending on (date):\_\_\_\_\_. Any past due amounts are still owed.

The monthly amount of permanent or temporary spousal maintenance shall be:

subject to income withholding from the payor's income, regardless of source, by his or her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying spousal support is self-employed, send payments to Minnesota Child Support Payment Center, P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or Respondent must apply for income withholding at the Child Support office in their County.** Until income withholding starts, the person owing maintenance shall pay the amount directly to the spouse receiving it.

OR  maintenance shall be paid directly by the spouse owing the maintenance to the spouse receiving it, payable on the \_\_\_\_\_day of each month.

11. **Vehicles** The vehicles are awarded as follows, and the party receiving the vehicle shall pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

12. **Marital Property**

The parties' marital property, household goods, furniture and furnishings are awarded:

- a. As currently divided **OR**
- b. As follows (add pages if necessary):

To Petitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Non-Marital Property**

The parties' non-marital property is awarded:

- a. As currently divided **OR**
- b. As follows (add pages if necessary):

To Petitioner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Cash and Accounts**

a. Awarding the savings and investments as follows:

<b>Institution</b>	<b>Type of Account</b>	<b>Account #</b> (Last 4 digits only)	<b>Amount</b>	<b>Awarded to</b>
		XX	\$	

b.  Awarding any cash not included in a. above to the party who currently has the cash **OR**

Awarding the cash as follows: \_\_\_\_\_

**15. Business**

None **OR**

Awarding the parties' **business** as follows: \_\_\_\_\_

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

**16. Manufactured Home**

None **OR**

Awarding the manufactured home located at : \_\_\_\_\_  
street address  
\_\_\_\_\_  
city state

to  Petitioner  Respondent. The debt on the manufactured home owed to: \_\_\_\_\_  
\_\_\_\_\_ shall be paid by  Petitioner  Respondent.

**17. Real Property**

None OR

Awarding solely to  Petitioner  Respondent all right, title, and interest of husband and wife in the real property located at:

Street address \_\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, which has the following legal description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

with the following mortgages and loans to be paid, after the divorce is final, by  Petitioner  
 Respondent:

1<sup>st</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_  
\_\_\_\_\_

and subject to the following liens or other conditions or agreements:

A lien in favor of  Petitioner  Respondent in the amount of \$ \_\_\_\_\_.

Other conditions or agreements about the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. Additional Real Property**

None OR

Awarding solely to  Petitioner  Respondent all right, title, and interest of husband and wife in the real property located at:

Street address \_\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, which has the following legal description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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with the following mortgages and loans to be paid, after the divorce is final, by  Petitioner  
 Respondent:

1<sup>st</sup> Mortgage: Amount currently owed: \$\_\_\_\_\_ and name of lender: \_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed: \$\_\_\_\_\_ and name of lender: \_\_\_\_\_

and subject to the following liens or other conditions or agreements:

A lien in favor of  Petitioner  Respondent in the amount of \$\_\_\_\_\_.

Other conditions or agreements about the property: \_\_\_\_\_

## 19. Retirement Funds

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., 401(k) or other retirement fund as follows:

100% to Petitioner **OR**

Other (describe fully): \_\_\_\_\_

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A., 401(k) or other retirement fund as follows:

100% to Respondent **OR**

Other (describe fully): \_\_\_\_\_

## 20. Debts

a. The debts are divided as follows. The person ordered to pay a debt shall hold the other person harmless from any responsibility for the debt.



24. Petitioner and Respondent agree that after a Judgment and Decree has been entered herein, Petitioner may have a third party, age 18 or older, serve the *Judgment and Decree* upon Respondent by mailing it to Respondent's last known address by first class U.S. mail, postage prepaid. The parties agree that service by mail instead of personal service shall constitute proper service of the *Judgment and Decree* for all purposes. Petitioner is responsible for filing an Affidavit of Service of the Judgment of Decree in the court file.

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_)SS  
(County where document is signed)

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

DATED: \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Petitioner**  
(Do NOT sign unless in presence of Notary Public)

\_\_\_\_\_  
**Signature of Respondent**  
(Do NOT sign unless in presence of Notary Public)

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

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

\_\_\_\_\_  
**Notary Public/Deputy Court Administrator**

\_\_\_\_\_  
**Notary Public/Deputy Court Administrator**

**Petitioner:**     is not represented by an attorney     is represented by the following attorney:  
Attorney's Name: \_\_\_\_\_  
Attorney's ID #: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Attorney's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Respondent:**     is not represented by an attorney     is represented by the following attorney:  
Attorney's Name: \_\_\_\_\_  
Attorney's ID #: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Attorney's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

By \_\_\_\_\_  
**Attorney for Petitioner**

By \_\_\_\_\_  
**Attorney for Respondent**

**PETITIONER'S WAIVER OF COUNSEL**

I, \_\_\_\_\_, know I have the right to be represented by a lawyer of my choice. I hereby expressly waive that right and I freely and voluntarily sign the foregoing Marital Termination Agreement. I understand that an attorney would be helpful in determining the issues contained in the foregoing Marital Termination Agreement; however, I specifically decline to so retain independent counsel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

**RESPONDENT'S WAIVER OF COUNSEL**

I, \_\_\_\_\_ declare as follows:

1. I know I have the right to be represented by an attorney of my choice. I hereby expressly waive that right and I freely and voluntarily sign the foregoing *Marital Termination Agreement*.
2. I understand that an attorney would be helpful in determining issues contained in the foregoing *Marital Termination Agreement*; however, I specifically decline to retain independent counsel.
3. I hereby expressly waive any right to contest the agreements set forth in the foregoing *Marital Termination Agreement* and I waive the thirty (30) days period to answer.
4. My spouse may proceed to judgment pursuant to the terms of said *Marital Termination Agreement* as if by default, and without further notice to me.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent