

7. Physical Living Situation

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

If **NO**, the date we separated was: _____.
Month Day Year

If **YES**, why are you living together at this time? _____

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 I do not know

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, or the case is Dismissed, or 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.**

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 husband's and wife's child(ren) 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)		
			OR <input type="checkbox"/> _____ (write in name)		
			OR <input type="checkbox"/> _____ (write in name)		
			OR <input type="checkbox"/> _____ (write in name)		
			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:

Full Name of Dependent	Date of Birth	Age

13. Pregnancy

a. Petitioner Respondent is the wife in this marriage.

b. Is wife pregnant? YES NO UNKNOWN

If wife is pregnant answer (i) and (ii):

(i) The date the baby is due is _____ OR UNKNOWN
Month Day Year

(ii) Do Wife and Husband agree that husband is the biological father of the unborn child?
 YES NO

If NO, Wife Husband claims husband is not the biological father of the child, and Petitioner asks the Court to issue a separate order setting a hearing date for after the birth of the child to determine Paternity, unless appropriate Recognition of Parentage documents are signed by husband, wife and the biological father after the birth of the child.

14. Husband’s Children from Other Relationship (Non-Joint Children)

Does Husband have minor child(ren) from another marriage or relationship?

YES NO UNKNOWN

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

Full Name of Child and Age	Date of Birth	Does Child Live with Husband?	Is Husband 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
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

15. Wife's Children from Other Relationship (Non-Joint Children)

a. Does Wife have minor child(ren) *born prior to the marriage* from another marriage or relationship? YES NO UNKNOWN

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

If **YES**, attach a copy of the Order. 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: _____

and **attach a copy of the "Husband's Non-Paternity Statement."**

If **NO**, why not? _____

16. Parenting Time

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

unsupervised supervised reserved

Respondent's parenting time with the joint children should 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. Explain how unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development: _____

b. State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details: _____

c. Explain why parenting time should be reserved: _____

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 UNKNOWN

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 UNKNOWN

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 UNKNOWN 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 you are unemployed or working less than 40 hours/week, answer these questions:

i. Explain why you are not working or why you work less than 40 hours/week. _____

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

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 st Job	2 nd Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours you work per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$ _____	\$ _____
Do you receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much did you receive in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much did you receive in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

21. Petitioner's Income

NOTE: There is a separate form called "Financial Affidavit" which you must fill out, serve on your spouse, and file with the court at the time you file this Petition. You must attach proof of your income to the Financial Affidavit.

If you do not have income in a category, enter zero (0). Do not list public assistance benefits as income (e.g. MFIP, GA, SSI).

Source of Income	Amount Per Month (before deductions/taxes)
Self Employment Income	\$ _____ (or zero)
Self Employment income means gross receipts minus costs of goods sold minus ordinary and Necessary business expenses. Attach Schedule "C" from last year's tax return to this Petition.	
Job with _____	\$ _____ per month
Your monthly income from a job = $\text{Hourly wage} \times \text{Hours worked per week} \times 4.33$ (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
Pension or Disability from work or military	\$_____ per month
Worker's Compensation	\$_____ per month
Court-ordered spousal maintenance you receive	\$_____ per month
Other income _____ Identify Source	\$_____ per month

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

Enter the amount of child support you are court-ordered to pay for any nonjoint child(ren) \$_____ per month

Enter the amount of spousal maintenance you are court-ordered to pay to your current or former spouse \$_____ per month

Enter the amount of Social Security or Veteran's Benefits provided to a joint child because of your retirement, disability, or other eligibility \$_____ per month
If you entered an amount, which parent receives the payment for the child?
 Petitioner Respondent

22. Living Expenses for the Family

a. Petitioner and Respondent and our children are still living together. Our current monthly living expenses for our family total \$_____.

OR

b. Petitioner and Respondent are living separately. Our monthly family living expenses **before** we separated totaled \$_____. At this time, Petitioner's separate monthly living expenses total \$_____, and Respondent's monthly living expenses total \$_____ or are unknown to Petitioner. Of the total current monthly living expense for Petitioner, what dollar amount is for expenses just for the children that live with Petitioner? \$_____. Of the total current monthly living expenses for Respondent, \$_____ is for expenses just for the children that live with Respondent, or this is UNKNOWN.

23. Expenses for Special Needs for the Children

a. Is there a child of the parties who has special needs and extraordinary medical expenses?

YES NO If Yes,

Name of child with special needs: _____

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 UNKNOWN

b. Is Respondent Self-Employed? YES NO UNKNOWN

c. Is Respondent working at least 40 hours per week? YES NO UNKNOWN

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 st Job	2 nd Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown
What is the average number of hours Respondent works per week?	_____ hours <input type="checkbox"/> Unknown	_____ hours <input type="checkbox"/> Unknown
How much overtime pay does Respondent receive per week on average?	\$ _____ <input type="checkbox"/> Unknown	\$ _____ <input type="checkbox"/> Unknown
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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

Petitioner has no information about Respondent's income

OR

Petitioner does not have detailed information about Respondent's income, but has good reason to believe that Respondent's pay is \$ _____ per week month year, with bonuses, overtime or commissions in the additional amount of \$ _____ per week month year. This is Respondent's Net Income (after taxes and deductions) or Gross Income (before taxes and deductions.)

OR

Petitioner has detailed information about Respondent's income. If this is true, fill out the income information below.

If Respondent has no income in a category, enter zero (0). Do not list public assistance benefits as income (e.g. MFIP, GA, SSI).

Respondent's Source of Income	Amount Per Month (before deductions/taxes)
Self Employment Income	\$ _____ (or zero)
Self Employment Income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses. Attach Schedule C from last year's tax return to this Petition, if available.	
Job with _____	\$ _____ per month
Monthly income from a job = <u>Hourly wage</u> x <u>Hours worked per week</u> x <u>4.33</u> (weeks per month)	
Second job with _____	\$ _____ per month
Commissions from all jobs	\$ _____ per month
Divide the total amount expected 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 received by Respondent	\$ _____ per month
Other income _____	\$ _____ per month
Identify Source	
Add all of the above. <u>Total monthly income</u>	\$ _____ 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 provided to a joint child because of Respondent's retirement, disability, or other eligibility	\$ _____ per month
If you entered an amount, which parent receives the payment for the child?	
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	

26. Child Care Costs

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

If YES, **attach to this Petition** a receipt or signed letter from the child care provider showing the cost of child care, and answer (a) (b) and (c):

a. How many of your joint children need child care? One Two Three _____

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

(If you pay by the week, multiply the weekly charge by 4.33 to get the charge per month. If costs vary during the year, use the total yearly costs and divide by 12.)

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

a. Minnesota Care and Medical Assistance are available from the State of Minnesota for people who qualify. Who receives Minnesota Care or Medical Assistance?

Petitioner Respondent Joint Children No one

b. Does Petitioner currently 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 Unknown. If No/ Unknown, 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 Unknown If No/ Unknown 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

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 UNKNOWN

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 to the Petitioners' satisfaction? YES NO

If **NO**, Petitioner 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 UNKNOWN

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 UNKNOWN

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you 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.

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

b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____ OR UNKNOWN.

33. Business Interest

Does Petitioner have an interest in a business? YES NO

Does Respondent have an interest in a business? YES NO UNKNOWN

If YES, the name of the business is _____, the address is

and the value is \$_____. How did you arrive at this value? _____

34. Manufactured Home

Does Petitioner own a manufactured home? YES NO

Does Respondent own a manufactured home? YES NO UNKNOWN

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 UNKNOWN
- d. How many properties are owned by you and your spouse in total? None One Two
 Three _____

If you or your spouse 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 Petition, and label each sheet "Attachment to Petition of _____(your name)"

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.

1st Mortgage: Amount currently owed \$_____ and name of lender_____

2nd Mortgage: Amount currently owed \$_____ and name of lender_____

Other mortgages or loans:

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

How did you arrive at this value?_____

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 UNKNOWN

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 UNKNOWN

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: _____

- 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**, answer i. and ii:
 i. Petitioner has given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13. (See Felon Name Change Instructions)
 ii. Petitioner has attached to this Petition an *Affidavit of Service of the Notice* marked Exhibit "A".

39. Other Include other facts you think the Court should know.

BASED UPON THE ABOVE INFORMATION, Petitioner requests that the Court issue a final judgment and decree granting the following relief:

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.
2. Legal Custody : 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 child of the parties as follows:

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

3. Physical Custody: 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 children of the parties as follows:

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

Ordering the payment of child support based on each parent's income. If either parent fails to provide income information, the court will set child support based on the available evidence and Minnesota law.

6. **Health Care Coverage for the Joint Children**

Choose a, b, or c.

- a. Petitioner Respondent shall provide medical insurance for the joint minor child(ren):
 - through his/her employer or union OR
 - by obtaining and paying for private insurance.
- Petitioner Respondent shall provide dental insurance for the joint minor child(ren):
 - through his/her employer or union OR
 - by obtaining and paying for private insurance.

The other parent must contribute to the costs of health coverage as required by law.

OR

- b. If Medical Assistance or Minnesota Care is open for the child(ren), ordering the non-custodial parent to make a sum certain payment as reimbursement through income withholding through the Minnesota Child Support Payment Center.

OR

- c. Reserving the issue of medical and dental insurance for the minor children.
- d. Other: _____

7. **Unreimbursed Medical and Dental Costs for the Children**

"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. Choose a. or b.

- a. Ordering each parent to pay a share of the unreimbursed medical and dental costs for the child(ren) of the parties, based on the relative incomes of the parties; **OR**
- b. Reserving the issue of unreimbursed medical and dental costs.

8. Medical and Dental Insurance for the Parties

- a. Ordering each party to provide for his or her own medical dental insurance.
- b. Ordering _____(full name) to 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. Ordering Petitioner and Respondent to each pay a share of the monthly child care expenses, according to Minnesota law; OR
- b. Reserving the issue of child care expenses.

10. Spousal Maintenance

- a. Maintenance is denied to Petitioner and Respondent.
- b. Reserving the issue of maintenance.
- c. Ordering Petitioner Respondent to pay spousal maintenance to Petitioner Respondent.

11. Vehicles

Awarding the vehicles as follows and ordering the party receiving the vehicles to pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

12. Marital Property

Dividing the parties' marital property, household goods, furniture and furnishings **either:**

- a. As currently divided **OR**
- b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

13. Non-Marital Property

Dividing the parties non-marital property

- a. As currently divided **OR**
- b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

14. Cash and Accounts

a. Awarding the savings, and investments as follows:

Institution	Type of Account	Account # (Last 4 digits only)	Amount	Awarded to
		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:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

_____ and subject to the following liens or other agreements:

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

Other request regarding the property: (describe the request fully)_____

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: _____

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

1st Mortgage: Amount currently owed: \$_____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$_____ and name of lender: _____

and subject to the following liens or other agreements:

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

Other request regarding the property: (describe the request fully)_____
