State of Minnesota

District Court

County	Ramsey	Judicial District:	Second
		Court File Number:	
		Case Type:	
In rega	rd to the case of:		
Name o	of Petitioner	Esta	Agreement and Order to ablish Custody and Parenting Time
And			rarenung inne
Name o	of Respondent		
	s proceeding came on before the unapproceeding came on before the unapprocess at at at he City of St. Paul, State of Minner		
	itioner did did not appear.	ar.	
	itioner is NOT represented by	-	
Res	spondent is NOT represented b	y an attorney	
	vice of the Summons and Petition	•	
1.	Trespondent was personally ser	OR	<u>-</u> ·
2.	Respondent signed an Admissi	on of Service on	<u>.</u>
		OR	
3.	Respondent was served by alte	rnate means as ordered by the co	ourt on

	i. 🗌 By n	mailing the Summons a	nd Petition to Res	spondent at the a	address stated in
	the Orde	er for Service by Altern	ate Means on		
	ii. 🗌 By p	oublication of the Sumn	nons in		newspaper for
	3 consec	cutive weeks on the fol	lowing dates:		, and
E.	Petitioner was serv	ved with an Answer and	d Counter-Petition	n: YES] NO
	If YES, Petitioner	was served with the Ai	nswer and Counte	r-Petition on	·
F.		pondent have reached a sed Agreement details the		•	_
1.		EMENT OF PETI	TIONER AND) RESPOND	ENT
	Full Name:				
		First	Middle		Last
	Address:				
		Street Address			Apt. No.
	City		County	State	Zip Code
	Date of birth:				
	Petitioner's forme	r or other names or wri	te "None":		
	First	Middle		Last	
	First	Middle		Last	

Petitioner's social security number is listed on Confidential Form 11.1 submitted along with the Petition.

City pondent's Date of pondent's former of First First Day Requirement Petitioner: 1. Has been living	Street Address County Birth: or other names or write "N Middle Middle			ot. No.					
City pondent's Date of pondent's former of First First Day Requirement Petitioner: 1. Has been living	County Birth: or other names or write "N Middle Middle	one": Last							
pondent's Date of pondent's former of First Pay Requirement Petitioner: 1. Has been living	County Birth: or other names or write "N Middle Middle	one": Last							
pondent's Date of pondent's former of First Pay Requirement Petitioner: 1. Has been living	Birth: or other names or write "N	one": Last	Zij	p Code					
First Pay Requirement Petitioner: 1. Has been living	or other names or write "N Middle	one": Last							
First Pay Requirement Petitioner: 1. Has been living	Middle Middle	Last							
First Day Requirement Petitioner: 1. Has been living	Middle								
Day Requirement Petitioner: 1. Has been living		Last							
Petitioner: 1. Has been living	t								
1. Has been living									
_		A. Petitioner:							
	1. Has been living in Minnesota for the past six (6) months:								
2. Is a member of the armed services and stationed in Minnesota YES NO									
for the past six (6) months:									
B. Respondent:									
1. Has been living	YES	☐ NO							
2. Is a member of	YES	☐ NO							
for the past six	(6) months:								
ldren Petitioner a	and Respondent Have To	gether (Joint Childre	n)						
Name of Child	Date of Bi	rth Child (Currently	Lives Wit					
_	1. Has been living in Minnesota for the past six (6) months: YES 2. Is a member of the armed services and stationed in Minnesota YES for the past six (6) months: dren Petitioner and Respondent Have Together (Joint Children)								

	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
	Has each child lived in Minnesota for the past six (6) months?
	If NO, list dates and locations of where the children have been living for the last six months:
5.	Recognition of Parentage
	Petitioner and Respondent signed a Minnesota Recognition of Parentage for each of the minor
	children listed above. Each Recognition of Parentage has been filed with the Minnesota
	Department of Health. YES NO
	Were Petitioner and Respondent both age 18 or older when they signed the Recognition of
	Parentage? YES NO
	If you answered YES, a certified copy of each Minnesota Recognition of Parentage must
	be filed in this case. If you answered NO, then you are using the wrong forms.
5.	Other Alleged or Presumed Fathers
	Was the mother of any of the children listed above married to another man when Petitioner
	and Respondent signed the Minnesota Recognition of Parentage for that child?
	☐ YES ☐ NO
	If YES, did the husband sign a Spouse's Non-Parentage Statement for that child?
	☐ YES ☐ NO
	If you answered YES, you must file a certified copy of the Spouse's Non-Parentage
	Statement in this case. If you answered NO, then you are using the wrong forms.

	Is there any other man who would meet the definition of an alleged or presumed father of any of the children listed above? YES NO
	If you answered YES, then you are using the wrong forms.
7.	
	An Order for Protection or a Harassment/Restraining Order is in effect regarding Petitioner and Respondent: YES NO.
	If YES, the Order protects: Petitioner Respondent the children. The Order was
	filed in the County of, on the date, and the Court
	file number is
8.	Child Protection Case
	Has a Child Protection case involving Petitioner and Respondent's children taken place in
	Minnesota or another state?
	If YES, the case is in the County of in the State of
	and the Court file number is The name of the child
	or children involved in the Child Protection case is:
9.	Other Proceedings
	Has a separate court case for custody, parenting time, or child support involving one or more
	of the children at issue in this proceeding been started in Minnesota or elsewhere?
	☐ YES ☐ NO
	If YES, the type of court case is The case is in the County of
	in the State of and the Court file
	number is
	The case has been Dismissed is Pending resulted with a final Order.

10. Prior Crimes as Identified by Minn. Stat. § 518.175, 518.179, 631.52						
Has Petitioner been convicted of one of the following crimes or similar crimes under the law						
of the United States or any other state:						
YES (Please write your initials next t	YES (Please write your initials next to each crime for which you were convicted)					
□NO						
Has Respondent been convicted of one of the of the United States or any other state:	Has Respondent been convicted of one of the following crimes or similar crimes under the law of the United States or any other state:					
YES (Please write your initials next to each crime for which you were convicted)						
□NO						
☐ Murder in the first, second, or third degree	Solicitation of a child to engage in sexual conduct					
☐ Manslaughter in the first degree	Depriving another of custodial or parental rights					
Assault in the first, second, or third degree	Criminal Sexual Conduct in the first degree					
☐ Kidnapping	Criminal Sexual Conduct in the second degree					
☐ Incest	Criminal Sexual Conduct in the third degree					
☐ Malicious punishment of a child	Felony stalking					
☐ Neglect of a child	☐ Domestic assault by strangulation					
☐ Terroristic threats	Soliciting, inducing, promoting, or receiving profit derived from prostitution involving a minor					
Parenting time with the convicted parent is i	n the best interests of the children because:					
11. Custody						
A. Legal Custody means which parents have	re a say in the major decisions regarding the joint					
children's lives including education, rel	igious upbringing and medical treatment. It is in					
the children's best interests that legal cus	stody be granted as follows: (check one)					
☐ Joint legal custody to both parents						
☐ Sole legal custody to ☐ Petitioner ☐ Respondent						

]	В.	Physical custody identifies which parents will handle the routine daily care and control of
		the joint children. It is in the children's best interests that physical custody be granted as
		follows: (check one)
		☐ Joint physical custody to both parents
		☐ Sole physical custody to ☐ Petitioner ☐ Respondent
12. 1	Pai	renting Time
		It is in the best interests of the children that:
		1) Petitioner's parenting time with the joint children be: (check one)
		unsupervised supervised reserved
		2) Respondent's parenting time with the joint children be: (<i>check one</i>)
		unsupervised supervised reserved
]	[f r	parenting time is unsupervised for both parents, skip to Question 13.
]	В.	Supervised parenting time:
		Supervision is necessary because unsupervised parenting time is likely to endanger the
		children's physical or emotional health or impair the children's emotional development.
		The circumstances supporting this finding are:
		It is in the best interests of the children 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.	Reserved Parenting time:
		It is in the best interests of the children that parenting time should be reserved because:

13. Public Assistance. (Note: If either person is receiving public assistance from the State of					
Minnesota or applies for it after this proceeding is started, notice of this action must be given					
to Public Authority office. See Minnesota Statutes Section 518A.44)					
A. Petitioner receives 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					
☐ Medical Assistance ☐ MinnesotaCare					
☐ Child Care Assistance					
B. Respondent receives 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					
☐ Medical Assistance ☐ MinnesotaCare					
Child Care Assistance					
C. 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					
14. 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. Petitioner receives SSI: YES NO					
B. Respondent receives SSI: YES NO					
C. The joint children of the parties receives SSI: YES NO					

15	Petition	r's Finar	rcial I	nformatio	n
1).		t Sriiiai	истит п		48

f	Petitioner is currently (check one) employed unempollowing):		
1) Employer:		
2	Address:		
3	Work telephone number:		
۷	Occupation /Type of work:		
5	() Length of employment:		
6	S) Supervisor:		
7) Gross Pay: \$ This does does	not include overtim	ne pay.
8	s) Paid: Weekly Every other week Twice a mo	onth Monthly	
Ģ	Previously employed by to the above employment.	for	years prior
(A 1	Petitioner has the following additional sources of income: Commissions \$ Pension Paym Annuity Payments \$ Unemployment Military / Naval Retirement \$ Workers' Con Spousal Maintenance Received \$ Disability Pay Self-Employment \$ Other	nt Benefits \$ npensation \$	
C. T	The children currently receive monthly social security or so of \$ based on my disability the paid to Petitioner Respondent.	veteran's benefits in	the amoun
D. I	Petitioner is court ordered to pay monthly spousal mainter YES NO If yes, how much?		
	Petitioner supports the following nonjoint children:		
(Child's Name Date of Birth Relationship	Court ordered	Living in
		child support \$	my home Yes / No
-		<u> </u>	Yes / No
_		\$	
		Ф	Yes / No

A.	Respondent is currently (check one) employed unemployed (if employed, answer the following):
	1) Employer:
	2) Address:
	3) Work telephone number:
	4) Occupation /Type of work:
	5) Length of employment:
	6) Supervisor:
	7) Gross Pay: \$ This \[\] does \[\] does not include overtime pay.
	8) Paid: Weekly Every other week Twice a month Monthly
	9) Previously employed by for years prior to the above employment.
В.	Respondent has the following additional sources of income:
	Commissions \$Pension Payments \$
	Annuity Payments \$ Unemployment Benefits \$ Western Comment of S
	Military / Naval Retirement \$ Workers' Compensation \$ Spousal Maintenance Received \$ Disability Payments \$
	Self-Employment \$ Other \$
C.	The children currently receive monthly social security or veteran's benefits in the amount of \$ based on _ my disability _ the other parent's disability and is

E. Respondent supports the following nonjoint children:

Child's Name	Date of Birth	Relationship	Court ordered child support	Living in my home
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No
			\$	Yes / No

17.	Ch	ild Sup	poi	rt en	
	A.	Chi	ld S	Support Order exists in File	Child support does not need
		to be a	ddr	essed in this Order.	
	B.	The	e pa	rties agree to establish child support.	
	C.	The	e pa	rties agree to reserve child support because	
18.	He	alth Ca	re (Coverage	
	A.			oner Respondent Doint Children receives	s MinnesotaCare or Medica
		Assista			
	В.	Petition	ner:	(check all that apply)	
		Pet	itio	ner does not have healthcare coverage available fo	r the joint children.
				OR	
		Pet	itio	ner has healthcare coverage available for the joint	children other than
		Mi	nne	sotaCare or Medical Assistance.	
		1)	Pe	titioner has medical insurance available for the join	nt children.
			a.	through his/her employment	
			b.	buys private medical insurance	
			c.	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	
			d.	Who is currently covered by this medical insuran	ce?
				Petitioner Respondent Joint Children	Nonjoint Children
		2)	Pe	titioner has dental insurance available for the joint	children.
			a.	through his/her employment	
			b.	buys private medical insurance	
			c.	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	
				Dental insurance costs are included in medica	l insurance costs

d. Who is currently covered by this dental insurance?
Petitioner Respondent Joint Children Nonjoint Children
C. Respondent: (check all that apply)
Respondent does not have healthcare coverage available for the joint children.
OR
Respondent has healthcare coverage available for the joint children other than
MinnesotaCare or Medical Assistance.
1) Respondent has medical insurance available for the joint children.
a. through his/her employment
b. buys private medical insurance
c. 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
☐ Dental insurance costs are included in medical insurance costs
d. Who is currently covered by this dental insurance?
Petitioner Respondent Joint Children Nonjoint Children
2) Respondent has dental insurance available for the joint children
a. through his/her employment
b. buys private medical insurance
c. 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
☐ Dental insurance costs are included in medical insurance costs
d. Who is currently covered by this dental insurance?
Petitioner Respondent Joint Children Nonjoint Children
Child Care Costs
Are there childcare costs for joint children because of work or school? YES NO
A. How many of the joint children need childcare? One Two Three

19.

	B.	How much does the daycare center(s) or babysitter charge per month? \$
	C.	Does the County child support agency pay for childcare through a subsidy or childcare
		assistance? YES NO
		If YES, please identify the childcare assistance is being received
		Petitioner pays \$ per month
		Respondent pays \$ per month
		The County pays \$ per month
		☐ Petitioner ☐ Respondent applied for the childcare assistance
	D.	Petitioner should pay \$ per month for his/her proportional share of
		childcare costs and Respondent should pay \$ per month for his/her
		proportional share of childcare costs. These amounts $\ \square$ are $\ \square$ are not based upon
		calculations using the child support guidelines worksheet.
20. Re	solu	tion of Conflict. Mediation is a process in which a neutral third party, who is the
me	diat	or, helps you work out an agreement. The mediator does not have the authority to
req	uire	either party to make any agreements.
A.		If we have future disagreements about custody, parenting time, or any other matter,
	we	agree to try to resolve those disagreements by communicating directly with each
	oth	er. If we are unable to reach an agreement, we agree to participate in mediation with a
	me	diator who we both agree to use before filing a motion with the court.
B.		We do not agree to participate in mediation before filing a motion with the court
	bec	cause

BASED UPON THE ABOVE INFORMATION, Petitioner and Respondent request that the Court issue an Order ordering the terms of this Agreement.

READ and SIGN the **Acknowledgments**.

Acknowledgment and Waiver of Counsel:

By signing below, I agree that I have read this agreement, I have considered it carefully, and I fully understand its terms. I understand that once this agreement is approved by a judicial officer, it

will become an enforceable court order, and I agree to be bound by the terms of this agreement. 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 this Joint Petition, Agreement, and Order to Establish Custody and Parenting Time.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

DATE:	DATE:
Signature of Petitioner	Signature of Respondent
()	()
Daytime Telephone Number of Petitioner	Daytime Telephone Number of Respondent
PETITIONER'S ATTORNEY	RESPONDENT'S ATTORNEY
Petitioner is	Respondent is
acting as his/her own attorney	acting as his/her own attorney
OR	OR
is represented by the following attorney:	is represented by the following attorney:
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Telephone	Telephone
E-mail address	E-mail address
Attorney Registration Number	Attorney Registration Number

(If public assistance is being provided to a party or joint children, the public authority must sign off on this Joint Petition, Agreement, and Order to Establish Custody and Parenting Time.) The public authority responsible for the collection and enforcement of child support reviewed and agreed to the Joint Petition and Agreement of the above-named parties

DATE:
Name and Title
Attorney Registration Number
Address
City/State/Zip
Telephone
E-mail address

BASED UPON THE ABOVE INFORMATION, the Court makes the following:

ORDER

☐ Solely to Petitioner ☐ Solely to Responder ☐ Jointly to both parties ☐ Solely to Petitioner ☐ Solely to Responder ☐ Jointly to both parties ☐ Solely to Petitioner ☐ Solely to Responder ☐ Jointly to both parties
 Solely to Petitioner ☐ Solely to Responder Jointly to both parties Solely to Petitioner ☐ Solely to Responder Jointly to both parties
erests of the children to grant physical custody of ea
es as follows:
es as follows.
Granting Legal Custody to:
Granting Legal Custody to: Solely to Petitioner Solely to Respond Jointly to both parties Solely to Petitioner Solely to Respond Jointly to both parties
Granting Legal Custody to: Solely to Petitioner Solely to Responde Jointly to both parties Solely to Petitioner Solely to Responde

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 children will transfer from one parent to the other. You may also want the order
	to say who will pick up and drop off the children).
Re	gular schedule:
	onday through Friday:
2.2.	The state of the s
_	
	palvan da.
VV	eekends:
Su	mmer (if you want a different schedule in summer):
	lephone contact with the children: Unlimited or Only at certain times as follows
<u>(de</u>	escribe the days and times when the parent and children may have telephone contact):
_	
Ex	ceptions to the Regular Schedule:
Yo	ou can have a different schedule for holidays, school release days, and birthdays. If you do
no	t want a different schedule, leave it blank.
Sc	hool release days or breaks during the school year:

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

Birthdays (child's birthday, parent's birthday):
Holidays:
Any holiday or birthday schedule will supersede the regular and school release parenting
schedule.
Vacation Time:
Any vacation time will supersede the regular parenting schedule.
Other exceptions to the regular schedule:
D. Under the above Schedule: (Please be as precise as possible. The amount of overnights
each party has may affect your child support)
1) The annual number of overnights for Petitioner is The annual number of
overnights for Respondent is
OR
2) Petitioner has% of annual overnights with the children and Respondent
has% of annual overnights with the children.
Child Support
A. Child support shall continue as ordered in File
OR

4.

В.		The issue of child support is reserved. Child support shall be reserved because:
	Eit	her party can ask the court to order the payment of child support in the future by filing
	a N	Notion stating that there is a change in circumstances.
		OR
Ξ.		Child support shall be established according to the child support guidelines as
	des	scribed in detail below. (Fill in 1 or 2)
	1)	Petitioner Respondent shall pay to Petitioner Respondent
		\$ per month starting on (date): as the basic support
		obligation for the parties' joint children. This amount is based on the calculations
		from the child support guidelines worksheet, which is attached and incorporated into
		this Order. Any past due amounts pursuant to a different court order of child support
		are still owed.
	2)	Petitioner Respondent shall pay to Petitioner Respondent
		\$ per month starting on (date): as the basic support
		obligation for the parties' joint children. This amount is a deviation from the basic
		support obligation under Minnesota laws, and 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 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

	ightharpoonup paid directly by the parent owing the child support to the parent receiving the
	child support, payable on theday of each month.
5.	Medical and Dental Insurance for the Joint Children
	Ordering Medical insurance as follows:
	A. Petitioner Respondent shall provide medical insurance for the joint children 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.
	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 as reimbursement for
	Medical Assistance or MinnesotaCare, payable by income withholding through the
	Minnesota Child Support Payment Center, provided Medical Assistance or MinnesotaCare
	is open for the joint children.
	OR
	D. Reserving the issue of medical insurance for the joint children.
	Ordering Dental Insurance as follows:
	A. Petitioner Respondent shall provide dental insurance for the joint children 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 coverage costs
	because he/she is financially unable to contribute to the costs.
	OR
	B. Petitioner Respondent shall provide dental insurance for the joint children 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
	coverage costs because he/she is financially unable to contribute to the costs.

	OR
	C. Reserving the issue of dental insurance.
	OR
	D. Other:
6.	Uninsured and Unreimbursed Medical and Dental Expenses for the Joint Children
	"Uninsured and unreimbursed medical and dental costs" are expenses not covered by
	insurance and not paid by medical assistance or MinnesotaCare. 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.
	A. Petitioner shall pay % of the uninsured and/or unreimbursed medical and
	dental costs for the joint children 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.
	The parent who paid the bill must tell 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 of your percentage share. 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 parties.

7.	Child Care Support
	A. Petitioner shall pay \$ per month for childcare expenses,
	and Respondent shall pay \$ per month for childcare expenses.
	OR
	B. Reserving the issue of childcare expenses.
3.	Conflict Resolution
	☐ The parties are not required to mediate before filing a motion with this court.
	Any claim or controversy arising under this agreement that cannot be resolved by and
	between the parties through direct communication and without mediation shall promptly be
	submitted to mediation.
	A. Selection of Mediator. The mediator shall be agreed upon by the parties. If the parties
	cannot agree, then Petitioner A shall provide to Petitioner B a list of five qualified
	persons and Petitioner B shall pick one mediator from that list.
	B. Duties and Responsibilities of Mediator. The mediator shall have the duty and

- responsibility to assist the parties in resolving all issues submitted for mediation.
- C. **Payment of Costs.** Both parties shall share the mediator's fees and disbursements equally unless they mutually agree otherwise. The mediator shall provide the parties with his/her fee and disbursement schedule in advance of mediation.
- D. **Confidentiality and Privilege.** Within the limits of the law, the mediator will accord confidentiality and privilege to all communications with the parties.
- E. **Restrictions.** The mediator shall not participate as a witness, collateral contact or attorney in a custody or parenting time study or inquiry involving either party. Further, neither party may ever call the mediator as a witness to testify in any proceeding involving their children or the subject matter of the mediation.

- F. Compromise or Offers to Compromise During Mediation. State statutes shall be applicable throughout the entire process of mediation.
- G. **Applicability of Dispute Settlement Procedures.** The above procedure(s) shall apply to any claims or controversies regarding custody and parenting time. Preference shall be given to carrying out this plan. Unless an emergency exists, the parents shall use the designated process to resolve disputes relating to the implementation of the plan, except those related to financial support.
- H. Written Record and Right of Review. A written record shall be prepared of any agreement reached in mediation and of each arbitration award and shall be provided to each party. The parties have the right of review from the dispute resolution process to the district court.
- I. **Exhaustion of Remedies.** The above procedure shall be followed before either party may apply to the court for relief.

9.	Other:				
	-				

9. NOTICE: Appendix A is incorporated and made a part of this final judgment. Appendix A contains, among other things, provisions regarding payments to the Public Agency pursuant to Minnesota Statutes § 518A.50; Depriving Another of Custodial or Parental Rights - A Felony, Minnesota Statutes § 609.26; Rules of Support and Parenting Time; Parental Rights from Minnesota Statutes § 518.17, subdivision 3; Wage and Income Deduction of Child Support pursuant to Minnesota Statutes § 518A.53; Change of Address or Residence; Cost of Living Increase of Child Support pursuant to Minnesota Statutes § 518A.75; Judgments for Unpaid Child Support pursuant to Minnesota Statutes § 548.091; an Medical Insurance and Expenses pursuant to Minnesota Statutes § 518A.41.

The foregoing Order is recommended.	BY THE COURT			
District Court Referee	Judge of District Court			
Dated:	Dated:			