|  |  |  |  |
| --- | --- | --- | --- |
| 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) **Findings of Fact, Conclusions of Law, Order for Judgment,**

and **Judgment and Decree**

Name of Respondent (first, middle, last)

A. This proceeding for dissolution of marriage came before the undersigned judge of district court on (date) at (location) in the State of Minnesota. Petitioner [ ]  did [ ]  did not appear. Respondent [ ]  did [ ]  did not appear. appeared as attorney for .

B. Petitioner [ ]  is NOT represented by an attorney OR

 Petitioner [ ]  is represented by the following attorney:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

C. Respondent [ ]  is NOT represented by an attorney OR

 Respondent [ ]  is 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 Counterpetition*: [ ]  YES [ ]  NO

 If YES, Petitioner was served with the *Answer and Counterpetition* on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year

F. Respondent did not respond, so Petitioner proceeded by default.

(Note: If the parties reached an agreement, use the *Stipulated Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree.*)

**Findings of Fact**

1. **Information about Petitioner**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

Address:

 Street Address Apt. No.

 City County State Zip Code

Mailing address: [ ]  Same as above address OR

Street Address Apt. No.

 City County State Zip Code

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year

 List all of Petitioner’s former or other names or write “None”:

First Middle Last

 First Middle Last

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

1. **Information about Respondent**

 Full Name:

 First Middle Last

Address:

 Street Address Apt. No.

 City County State Zip Code

[ ]  Respondent's address is unknown.

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year

List all of Respondent’s former or other names or write “None”:

 First Middle Last

 First Middle Last

 Respondent’s social security number is listed on Confidential Form 11.1 and submitted along with the Petition.

**3. Our Marriage**

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

1. **180 Day Requirement**

Petitioner has been living in Minnesota for the past six (6) months. [ ]  YES [ ]  NO

Respondent has been living in Minnesota for the past six (6) months

[ ]  YES [ ]  NO [ ] UNKNOWN

Petitioner and Respondent were married in Minnesota, but neither Petitioner nor Respondent reside in Minnesota, nor reside in a jurisdiction that will allow an action for dissolution because of the sex or sexual orientation of the Petitioner and Respondent.

 [ ]  YES [ ]  NO

**5. Armed Forces**

1. Petitioner is 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

Respondent is an active duty member of the armed forces.

[ ]  YES [ ]  NO [ ] UNKNOWN

**If YES**, has Respondent been stationed in Minnesota for the past (6) months? [ ] YES [ ]  NO

1. **Marriage Cannot be Saved**

 There has been an irretrievable breakdown of the marriage relationship and the marriage

 between Petitioner and Respondent cannot be saved.

1. **Physical Living Situation**

The 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. 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. The County has 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 .

The case is [ ]  Dismissed or [ ]  Pending or [ ]  an Order for Support was issued.

**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 children and the *Order* was filed in County in State on date, and the Court file number is

b. The *Order for Protection* include an order to pay child support. [ ]  YES [ ]  NO

**10. Child Protection Court Case**

1. There is a Child Protection court case involving the parties’ joint children taking place in Minnesota or another state. [ ]  YES [ ]  NO
2. **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 Child Protection Court case is:

**11. Children Petitioner and Respondent have Together (Joint Children)**

 a. Are there any children born to or adopted by Petitioner and Respondent together, either before or during the marriage? [ ]  YES [ ]  NO If YES,

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child | **Date of Birth** | **Age** | **Child Currently Lives With** |
|  |  |  | [ ] Petitioner [ ] Respondent [ ] Both parents OR[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(write in name) |
|  |  |  | [ ] Petitioner [ ] Respondent [ ] Both parents OR [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(write in name) |
|  |  |  | [ ] Petitioner [ ] Respondent [ ] Both parents OR [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(write in name) |
|  |  |  | [ ] Petitioner [ ] Respondent [ ] Both parentsOR [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(write in name) |
|  |  |  | [ ] Petitioner [ ] Respondent [ ] Both parentsOR [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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 Petitioner and Respondent 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:

1. **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 Petitioner and Respondent 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 is pregnant.

b. If Petitioner is pregnant answer (i) and (ii):

 (i) The date the baby is due is

 Month Day Year

(ii) Do Petitioner and Respondent agree that the spouse is the biological father of the unborn child? [ ]  YES [ ]  NO

 If NO, [ ]  Petitioner [ ]  Respondent claims husband is not the biological father of the child.

 c. Respondent is Pregnant. [ ]  YES [ ]  NO [ ]  UNKNOWN

 d. If Respondent is pregnant answer (i) and (ii):

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

 (ii) Do Petitioner and Respondent agree that the spouse is the biological father of the unborn child? [ ]  YES [ ]  NO

 If NO, [ ]  Petitioner [ ]  Respondent claims husband is not the biological father of the child.

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

a. Does Petitioner have minor children *born prior to the marriage* from another marriage or relationship? [ ]  YES [ ]  NO

 **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 Petitioner?** | **Is Petitioner Court-Ordered to pay Child Support for this Child?**  |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |

b. Has Petitioner given birth, *since marrying Respondent,* to a minor child who is not a child of the Respondent? [ ]  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 Petitioner since marrying Respondent, who is not a child of the Respondent:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child and Age | **Date of Birth** | **Does Child Live with Petitioner?** | **Is Petitioner Court-Ordered to pay Child Support for this Child?**  |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |

1. Is there a Court Order naming someone other than the Respondent as the father of the children listed in (i) above? [ ]  YES [ ]  NO

If **YES**, attach a copy of the Order. The Order is for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Name of Child(ren)

1. Have the Petitioner and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? [ ]  YES [ ]  NO
2. Has the Respondent signed the “Spouse’s Non-Parentage Statement” for any of the children listed at (i) above? [ ]  YES [ ]  NO

If **YES**, state the name of the child: and **submit a copy of the "Spouse's Non-Parentage Statement."**

If **NO,** why not?

**15. Respondent’s Children from Other Relationship (Nonjoint Children)**

a. Does Respondent have minor children *born prior to the marriage* from another marriage or relationship? [ ]  YES [ ]  NO

**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 Respondent?** | **Is Respondent Court-Ordered to pay Child Support for this Child?**  |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |

b. Has Respondent given birth, *since marrying Petitioner,* to a minor child who is not a child of the Petitioner? [ ]  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 Respondent since marrying Petitioner, who is not a child of the Petitioner:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Child and Age | **Date of Birth** | **Does Child Live with Respondent?** | **Is Respondent Court-Ordered to pay Child Support for this Child?**  |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  [ ]  YES [ ]  NO |

1. Is there a Court Order naming someone other than the Petitioner as the father of the children listed in (i) above? [ ]  YES [ ]  NO

If **YES**, attach a copy of the Order. The Order is for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Name of Child(ren)

1. Have the Respondent 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 submit a copy of the Recognition of Parentage.

 If **NO**, why not?

 (iv) Has the Petitioner signed the “Spouse’s Non-Parentage Statement ” for any of the children listed at (i) above? [ ]  YES [ ]  NO

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

 and **submit a copy of the “Spouse’s Non-Parentage Statement.”**

 If **NO,** why not?

**16. Custody**

 It is in the child’s best interests and we agree that legal custody be granted as follows: *(check one)*

 [ ]  Joint legal custody to both parents

 [ ]  Sole legal custody to [ ]  Petitioner [ ] Respondent

 It is in the child’s best interests and we agree that physical custody be granted as follows: *(check one)*

 [ ] Joint physical custody to both parents

 [ ] Sole physical custody to [ ]  Petitioner [ ]  Respondent

**17. Parenting Time**

 a. 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 18.

b. 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:

c. 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)

d. Parenting time should be reserved because:

**18. 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 Public Authority office in the county paying the assistance.

 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

 [ ]  Child Care Assistance [ ]  MinnesotaCare [ ]  Medical Assistance

b. Respondent receives 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. 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

**19. 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 Supplemental Security Income (SSI). [ ]  NO [ ]  YES in the amount of $\_\_\_\_\_\_\_\_\_\_\_per month.

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

 c. 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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20. School**

Petitioner is 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Respondent is 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**21. Petitioner’s Employment**

 a. Petitioner is employed. [ ]  YES [ ]  NO

 b. Petitioner is self-employed. [ ]  YES [ ]  NO

 c. Petitioner is 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.

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?

d. 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** | **1st Job** | **2nd Job** |
| Is Petitioner paid by the hour or salaried? | [ ] hourly [ ] salary | [ ] hourly [ ] 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?  [ ] Yes [ ]  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? $\_\_\_\_\_\_\_\_\_\_\_ |

22. 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

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

Enterthe amount of child support Petitioner is court-ordered

 to pay for any nonjoint children $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month

Enter the amount of spousal maintenance Petitioner 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 Petitioner's retirement, disability, or other eligibility

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month

 Which parent receives the payment for the child?

 [ ] Petitioner [ ] Respondent

**23. Living Expenses for the Family**

[ ]  a.Petitioner and Respondent and their children are still living together. Current monthlyliving expenses for the family total $

 OR

[ ]  b. Petitioner and Respondent are living separately. The monthly family living expenses **before** separation totaled $ . At this time, Petitioner's separate monthly living expenses total $\_\_\_\_\_\_\_\_\_\_\_\_, and Respondent's monthly living expenses total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_or [ ]  are UNKNOWN. Of the total current monthly living expenses for Petitioner, $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

**24. 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 #23) include the special needs expenses for the child? [ ]  YES [ ]  NO

 c. Does Respondent’s monthly living expense (stated at #23) include the special needs expenses for the child? [ ]  YES [ ]  NO

**25. Respondent’s Employment**

a. Respondent is employed. [ ]  YES [ ]  NO [ ]  UNKNOWN

b. Respondent is self-employed. [ ]  YES [ ]  NO [ ]  UNKNOWN

c. Respondent is 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?

d. 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** | **1st Job** | **2nd Job** |
| Is Respondent paid by the hour or salaried? | [ ] hourly [ ] salary[ ] Unknown | [ ] hourly [ ] salary[ ] Unknown |
| What is the average number of hours Respondent works per week? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hours[ ] Unknown | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hours[ ] Unknown |
| How much overtime pay does Respondent receive per week on average? | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Unknown | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Unknown |
| Does Respondent receive bonuses?[ ] Yes [ ]  No [ ] 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? $\_\_\_\_\_\_\_\_\_\_\_ |

26. Respondent’s Income

**Sources of Income**  Amount Per Month (or zero) **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.

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

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. Total monthly income$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per month

Enterthe amount of child support Respondent is court-ordered to

 pay for any nonjoint children $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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

 Which parent receives the payment for the child?

 [ ] Petitioner [ ] Respondent

**OR**

 [ ]  The Court does not have detailed information about Respondent's income, but finds 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**

27. Child Care Costs

Are there child care costs for joint children because of work or school?

[ ] YES [ ]  NO [ ] UNKNOWN

If YES,

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

1. b. How much does the daycare center(s) or babysitter charge per month? $ c. Who pays the child care costs?
2. Petitioner pays $ per month
3. Respondent pays $ per month
4. The County pays $ per month through a subsidy or child care assistance.
5. If the County pays, who applied for the child care assistance?
6. [ ] Petitioner [ ]  Respondent [ ] There is no county assistance

**28. Health Care Coverage**

a. Who receives MinnesotaCare or Medical Assistance?

[ ]  Petitioner [ ]  Respondent [ ]  Joint Children [ ]  No one

b. Does Petitioner have medical insurance? (other than MinnesotaCare 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 MinnesotaCare 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 MinnesotaCare 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 MinnesotaCare 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

g. Other:

**29. Spousal Maintenance**

 [ ]  Petitioner and Respondentcan each pay their own living expenses and do not need spousal maintenance at this time, or in the future.

 [ ]  Petitioner or Respondent may need spousal maintenance in the future. The court should reserve maintenance to allow either party to ask for spousal maintenance in the future because: (explain why you want to do this)

[ ]  Petitioner needs spousal maintenance from Respondent now. 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:

Respondent has the ability to pay Petitioner $\_\_\_\_\_\_\_\_\_\_\_\_\_per month for spousal maintenance.

 [ ]  Respondent needs spousal maintenance from Petitioner now. 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:

 Petitioner has the ability to pay Respondent $\_\_\_\_\_\_\_\_\_\_\_\_\_per month for spousal maintenance.

**30. 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 Petitioner or Respondent together or separately:

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

**31. 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:

**32. 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:

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

**33. 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 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. Use Confidential Information Form 11.1 (CON111) to list Financial Institution name, account holder name(s), and account numbers.

 Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #37.

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Institution | Type of Account | Amount | Belongs to:(name on account) |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

 b. List cash not listed at a.:

 Petitioner has cash in the amount of $ .

 Respondent has cash in the amount of $ OR [ ] UNKNOWN.

**34. 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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This value is based on:

**35. 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:**

1. 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 36.

**36. 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 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 Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree 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.)

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

1. 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 was this value determined?

7. This property is the homestead: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

**37. Retirement Plans**

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

 [ ]  YES [ ]  NO If **YES:** The name of the Financial Institution, account holder name(s), and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: $

1. 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:

1. The name of the plan is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The employer, union or group providing the plan is:
3. The date Petitioner began working at the job or joined the union or group plan is:
4. The type of plan is: (e.g. defined benefit, defined contribution)
5. The present value of the pension or plan is:
6. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

 [ ]  YES [ ]  NO [ ]  UNKNOWN

 If YES: The name of the Financial Institution, account holder name(s), and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is:

1. 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:

1. The name of the plan is:
2. The employer, union or group providing the plan is:
3. The date Respondent began working at the job or joined the union or group plan is:

1. The type of plan is: (e.g. defined benefit, defined contribution)
2. The present value of the pension or plan is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**38. Debts**

Does Petitioner have debt? [ ]  YES [ ]  NO

Does Respondent have debt? [ ]  YES [ ]  NO [ ]  UNKNOWN

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?**Name Date | **Balance Owed** | **Monthly Payment** |
|  |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|   |  |  | $ | $ |
|  |  |  | $ | $ |
|  | **Total Debt** | **$** | **$** |

**39. Name Change**

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

1. 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:

1. 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

**40. Other Findings**

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

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

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

**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 has a say in the major decisions regarding the children’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: |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR** [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |

 |

**3.** Physicalcustody identifies which parent will handle the routine daily care and control of thechildren.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Name of Child | Granting Physical Custody: |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR** [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  Jointly to both parties.  |
|  | [ ]  Solely to Petitioner **OR**  [ ]  Solely to Respondent **OR**  [ ]  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 children: [ ]  Unlimited or [ ]  Only at certain times as follows: (describe the days and times when the parent and children 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 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.**

Other

**d. Under the above Schedule:**

The children are with Petitioner: The children are with Respondent:

[ ]  less than 10% of the time [ ]  less than 10% of the time

[ ]  10-45% of the time [ ]  10-45% of the time

[ ]  45.1-50% of the time [ ]  45.1-50% of the time

[ ]  more than 50% of the time [ ]  more than 50% of the time

**5. Basic Support** **for the Joint Children**

 (Fill in 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 children. 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**. **Health Care Coverage 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. [ ]  Petitioner [ ]  Respondent shall provide **medical** insurance for the joint children 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 as reimbursement for Medical Assistance or Minnesota Care, payable by income withholding through the Minnesota Child Support Payment Center, provided Medical Assistance or MinnesotaCare is open for the children.

**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 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 insurance 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 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 Joint Children**

 [ ]  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.)

 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.

 **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.

 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.** **Health Care Coverage 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 Support**

 [ ]  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. Neither party is awarded 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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:

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Type of Account | Amount | Awarded to |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

 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 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 the parties in the real property located at: 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 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):

c. [ ]  Neither Petitioner nor Respondent have retirement funds.

**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.

|  |  |
| --- | --- |
| **Debt Owed To:** | **To Be Paid By:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 [ ]  b. Each party is solely responsible for paying any other debts incurred solely by him or her and each party shall hold the other harmless from any responsibility for such separately incurred debts.

**21**. **Name Change**

 [ ]  Neither party is requesting a name change. **OR**

 [ ]  Changing Petitioner’s name to:

 First Middle Last

 [ ]  Changing Respondent’s name to:

 First Middle Last

**22.** **Paternity Questions**

 Check only if applicable:

[ ]  The Petitioner does not have a parent – child relationship with a child or children named: born to Respondent during the marriage, and Petitioner is not the father.

[ ]  The issue of paternity of the unborn child of Petitioner is reserved.

[ ]  The Respondent does not have a parent – child relationship with a child or children named: born to Petitioner during the marriage, and Respondent is not the father.

[ ]  The issue of paternity of the unborn child of Respondent is reserved.

**23. Other:**

**24.** Each party shall execute any and all documents necessary to transfer real and personal property as awarded herein without further order of the Court. Should either party fail to execute the necessary documents, a certified copy of the Judgment and Decree shall operate to transfer title as awarded herein.

**25.** Petitioner shall personally serve Respondent with a copy of the Judgment and Decree by having someone else (the server) hand a copy to Respondent. The server’s Affidavit of Personal Service, filed with the Court by Petitioner, will be proof of service. If Respondent agreed in a Marital Termination Agreement to be served with a copy of the Judgment and Decree by mail, then Petitioner may serve Respondent with a copy of the Judgment and Decree by having someone else mail the copy to Respondent by first class U. S. mail at Respondent’s residence or last known address. The server’s Affidavit of Service by Mail, filed with the Court by Petitioner, will be proof of service. This shall constitute due and proper service of the Decree.

**26.** NOTICE: APPENDIX A SHALL BE INCORPORATED AND MADE A PART OF THE

 JUDGMENT AND DECREE. Appendix A contains provisions regarding Payments to Public Agency, Minnesota Statutes § 518A.50; Depriving Another of Custodial or Parental Rights--A Felony, Minnesota Statutes § 609.26; Rules of Support, Maintenance, Parenting Time; Parental Rights from Minnesota Statutes § 518.17, subdivision 3; Wage and Income Deduction of Maintenance and Child Support pursuant to Minnesota Statutes § 518A.53; Change of Address or Residence; Cost of Living Increase of Maintenance and Child Support pursuant to Minnesota Statutes § 518A.75; Judgments for Unpaid Maintenance and Child Support pursuant to Minnesota Statutes § 548.091; Medical Insurance and Expenses pursuant to Minnesota Statutes § 518A.41; and Minnesota Statutes § 259.115 regarding criminal penalties for failure to comply with felon name change law.

**ORDER FOR JUDGMENT**

**LET JUDGMENT BE ENTERED IMMEDIATELY.**

The foregoing facts were found BY THE COURT

by me after due hearing and the

Order thereon is recommended.

District Court Referee Judge of District Court

Dated: Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# JUDGMENT

I certify the above *Conclusions of Law* are the Judgment of the Court and Judgment is hereby entered.

Court Administrator

Deputy

Dated:

 **APPENDIX A**

**NOTICE IS HEREBY GIVEN TO THE PARTIES:**

 **I. PAYMENTS TO PUBLIC AGENCY.** According to Minnesota Statutes, section 518A.50, payments ordered for maintenance and support must be paid to the Minnesota child support payment center as long as the person entitled to receive the payments is receiving or has applied for public assistance or has applied for support and maintenance collection services. Parents mail payments to: P.O. Box 64326, St. Paul, MN 55164-0326. Employers mail payments to: P.O. Box 64306, St. Paul, MN 55164.

 **II. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY.** A person may be charged with a felony who conceals a minor child or takes, obtains, retains, or fails to return a minor child from or to the child's parent (or person with custodial or parenting time rights), according to Minnesota Statutes, section 609.26. A copy of that section is available from any court administrator.

 **III. NONSUPPORT OF A SPOUSE OR CHILD – CRIMINAL PENALTIES.** A person who fails to pay court-ordered child support or maintenance may be charged with a crime, which may include misdemeanor, gross misdemeanor, or felony charges, according to Minnesota Statutes, section 609.375. A copy of that section is available from any district court clerk.

 **IV. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME.**

A. Payment of support or spousal maintenance is to be as ordered, and the giving of gifts or making purchases of food, clothing, and the like will not fulfill the obligation.

B. Payment of support must be made as it becomes due, and failure to secure or denial of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek relief through a proper motion filed with the court.

C. Nonpayment of support is not grounds to deny parenting time. The party entitled to receive support may apply for support and collection services, file a contempt motion, or obtain a judgment as provided in Minnesota Statutes, section 548.091.

D. The payment of support or spousal maintenance takes priority over payment of debts and other obligations.

E. A party who accepts additional obligations of support does so with the full knowledge of the party's prior obligation under this proceeding.

F. Child support or maintenance is based on annual income, and it is the responsibility of a person with seasonal employment to budget income so that payments are made throughout the year as ordered.

G. A *Parental Guide to Making Child-Focused Parenting Time Decisions* is available from any court administrator.

H. The nonpayment of support may be enforced through the denial of student grants; interception of state and federal tax refunds; suspension of driver’s, recreational, and occupational licenses; referral to the department of revenue or private collection agencies; seizure of assets, including bank accounts and other assets held by financial institutions; reporting to credit bureaus; interest charging, income withholding, and contempt proceedings; and other enforcement methods allowed by law.

I. The public authority may suspend or resume collection of the amount allocated for child care expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision 4, are met.

J. The public authority may remove or resume a medical support offset if the conditions of section 518A.41, subdivision 16, are met.

K. The public authority may suspend or resume interest charging on child support judgments if the conditions of section 548.091, subdivision 1a, are met.

 **V. MODIFYING CHILD SUPPORT.** If either the obligor or obligee is laid off from employment or receives a pay reduction, child support may be modified, increased, or decreased. Any modification will only take effect when it is ordered by the court, and will only relate back to the time that a motion is filed. Either the obligor or obligee may file a motion to modify child support, and may request the public agency for help. UNTIL A MOTION IS FILED, THE CHILD SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.

 **VI. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, SUBDIVISION 3.** UNLESS OTHERWISE PROVIDED BY THE COURT:

A. Each party has the right of access to, and to receive copies of, school, medical, dental, religious training, police reports, and other important records and information about the minor children. Each party has the right of access to information regarding health or dental insurance available to the minor children. Presentation of a copy of this order to the custodian of a record or other information about the minor children constitutes sufficient authorization for the release of the record or information to the requesting party.

B. Each party has the right to be informed by the other party as to the name and address of the school of attendance of the minor children. Each party has the right to be informed by school officials about the children's welfare, educational progress and status, and to attend school and parent teacher conferences. The school is not required to hold a separate conference for each party.

C. Each party has the right to be notified by the other party of an accident or serious illness of a minor child, including the name of the health care provider and the place of treatment.

D. Each party has the right to be notified by the other party if the minor child is the victim of an alleged crime, including the name of the investigating law enforcement officer or agency. There is no duty to notify if the party to be notified is the alleged perpetrator.

E. Each party has the right of reasonable access and telephone contact with the minor children.

 **VII. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE.** Child support and / or spousal maintenance may be withheld from income, with or without notice to the person obligated to pay, when the conditions of Minnesota Statutes, section 518A.53, have been met. A copy of that section is available from any court administrator.

 **VIII. CHANGE OF ADDRESS OR RESIDENCE.** Unless otherwise ordered, each party shall notify the other party, the court, and the public authority responsible for collection, if applicable, of the following information within ten days of any change: residential and mailing address, telephone number, driver's license number, social security number, and name, address, and telephone number of the employer.

 **IX. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE.** Basic support and / or spousal maintenance may be adjusted every two years based upon a change in the cost of living (using the U.S. Department of Labor, Bureau of Labor Statistics, consumer price index Mpls. St. Paul, for all urban consumers (CPI-U), unless otherwise specified in this order) when the conditions of Minnesota Statutes, section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota Statutes, section 518A.75, and forms necessary to request or contest a cost of living increase are available from any court administrator.

 **X. JUDGMENTS FOR UNPAID SUPPORT; INTEREST.** According to Minnesota Statutes, section 548.091:

A. If a person fails to make a child support payment, the payment owed becomes a judgment against the person responsible to make the payment by operation of law on or after the date the payment is due, and the person entitled to receive the payment or the public agency may obtain entry and docketing of the judgment **without notice** to the person responsible to make the payment.

B. Interest begins accruing on a payment or installment of child support whenever the unpaid amount due is greater than the current support due.

 **XI. JUDGMENTS FOR UNPAID MAINTENANCE.** A judgment for unpaid spousal maintenance may be entered and docketed when the conditions of Minnesota Statutes, section 548.091, are met. A copy of that section is available from any court administrator.

 **XII. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD SUPPORT.** A judgment for attorney fees and other collection costs incurred in enforcing a child support order will be entered against the person responsible to pay support when the conditions of Minnesota Statutes, section 518A.735, are met. A copy of that section and forms necessary to request or contest these attorney fees and collection costs are available from any court administrator.

 **XIII. PARENTING TIME EXPEDITOR PROCESS.** On request of either party or on its own motion, the court may appoint a parenting time expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751. A copy of that section and a description of the expeditor process is available from any court administrator.

 **XIV. PARENTING TIME REMEDIES AND PENALTIES.** Remedies and penalties for wrongful denial of parenting time are available under Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of that subdivision and forms for requesting relief are available from any court administrator.

**In addition to the Notices on pages 43 and 44, the following NOTICE applies to all orders addressing custody pursuant to Minn. Stat. § 518.17, subd. 3a.**

**NOTICE**

**EACH PARTY IS GRANTED THE FOLLOWING RIGHTS:**

1. Right of access to, and to receive copies of, school, medical, dental, religious training, police reports, and other important records and information about the minor children.
2. Right of access to information regarding health or dental insurance available to the minor children.
3. Right to be informed by the other party as to the name and address of the school of attendance of the minor children.
4. Right to be informed by school officials about the children’s welfare, educational progress and status, and to attend school and parent-teacher conferences. The school is not required to hold a separate conference for each party, unless attending the same conference would result in violation of a court order prohibiting contact with a party.
5. Right to be notified by the other party of an accident or serious illness of a minor child, including the name of the health care provider and the place of treatment.
6. Right to be notified by the other party if the minor child is the victim of an alleged crime, including the name of the investigating law enforcement officer or agency. There is no duty to notify if the party to be notified is the alleged perpetrator.
7. Right to reasonable access and telephone or other electronic contact with the minor children.