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| **State of Minnesota** |  |  | District Court |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Dissolution without Children |

**In Re the Marriage of:**

Name of Petitioner **Affidavit in Support of**

######  Motion For Temporary Relief

and **Without Children**

Name of Respondent

My name is and I state that:

1. I am the (*check one*): □ Petitioner □ Respondent in this case, and I make this *Affidavit* in support of my *Motion For Temporary Relief Without Children*.
2. □ I am not asking for transitional (temporary) spousal maintenance.

 □ I am asking the Court to decide transitional (temporary) spousal maintenance later.

 □ I am asking the Court for spousal maintenance. I do not have enough income to meet my needs. My spouse has income to meet their needs and is able to help me. My income and expenses are listed in the *Parenting / Financial Disclosure Statement* and submitted with this *Affidavit*. I need $ per month. I cannot support myself because

1. I am asking the Court to order my spouse to pay my attorney’s fees: □YES □ NO. If YES, I need attorney’s fees because
2. □ I am asking the Court to order that I have sole use and possession of our home located at (*full address*)

 □ I am asking the Court to order that my spouse have sole use and possession of our home located at (*full address*)

 □ I am asking the Court to order that my spouse and I stay in the home located at (*full address*)

 □ I am asking the Court for the relief checked above because

1. My spouse and I have already divided our personal belongings, household goods and furniture: (*check one*): □ YES □ NO. If NO, I am asking for the temporary use and possession of the following personal property, household goods and furniture (*list the specific items*): because

 □ I am asking that my spouse have the temporary use and possession of the following household goods and furniture (*list the specific items*): because

1. My spouse and I own motor vehicles: □ YES □ NO. If YES, I want the temporary use and possession of the following motor vehicles: (*list year/make/model for each vehicle*) because

 I want my spouse to have the temporary use and possession of the following motor vehicles: (*list year/make/model for each vehicle*) because

 I will make the payments and insurance costs for my vehicles: □ YES □ NO. If no, I want my spouse to make these payments because

 My spouse should make the payments and insurance costs for his/her vehicles: □ YES □ NO. If NO, I want my spouse to make these payments because

1. My spouse and I have debts: □ YES □ NO. If YES, I am asking the Court to order the debts to be paid temporarily as I asked in my *Motion* because
2. I want to change certain medical, dental, automobile or life insurance policies: □ YES □ NO. If YES, I want to make the following changes: because
3. I am asking for insurance to be reinstated: □ YES □ NO. If YES, explain:
4. What insurance has lapsed or been cancelled:
5. The date that the insurance lapsed or was cancelled:
6. Who let the insurance lapse or cancelled it:
7. Why should the insurance be reinstated:
8. I believe that my spouse’s income will increase: □ YES □ NO. If YES, this income is (*check all that apply*): □ salary or wage increases; □ overtime pay; □ bonuses; or □ other (*specify*:

 I want the Court to order my spouse to immediately notify me of any changes in his or her income: □ YES □ NO because they might not tell me and I want to know because

1. I want the Court to order that my spouse shall not spend or otherwise use income raises, income tax refunds, bonuses or other extra income: □ YES □ NO. If YES, because
2. I am asking the Court for permission to sell or otherwise dispose of property: □ YES □ NO. If YES, I want to sell or otherwise dispose of the following property (*be specific*): because
3. I asked the Court for additional relief: □ YES □ NO. I asked for this relief because

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

Dated:

 Signature

 Name:

 Address:

 City/State/Zip:

 Phone:

 Email: