

Stipulation and Order for Custody, Parenting Time and Child Support

DISCLOSURE

On the following pages, you will find a form which may be used when you and the other party(ies) agree to a custody, parenting time and child support arrangement. This is a standardized form document. *It may not be appropriate depending on the circumstances of your case and/or the Court may require additional information from you which is not found on this form.*

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF _____

TENTH JUDICIAL DISTRICT

In Re the Custody of:

Court File No.: _____

Child(ren)'s name(s)

**STIPULATION
AND ORDER FOR CUSTODY,
PARENTING TIME AND
CHILD SUPPORT**

Petitioner,

and

Respondent,

and

Intervenor (if applicable).

A. This proceeding came before the undersigned Judge of District Court on _____ (date), _____ County, State of Minnesota.

Petitioner did did not appear. Respondent did did not appear.

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. _____, also appeared on behalf of _____.

E. Service of the *Summons and Petition for Custody and Parenting Time*.

- Respondent was personally served on _____. **OR**
 Respondent signed a *Waiver of Service of Summons* on _____. **OR**
 Respondent was served by alternate means as ordered by the Court as follows:
 _____ **OR**
 By publication of the *Summons* in _____ newspaper
 for 3 consecutive weeks, once each week, on the following 3 dates: _____,
 _____, and _____.

F. Petitioner was served with an *Answer and Counter-Petition*: YES NO.

If **YES**, Petitioner was served with the *Answer and Counter-Petition* on_____.

G. Petitioner and Respondent have reached an agreement on all issues in this case. The parties prepared this *Stipulation and Order*, incorporating the stipulated facts and terms of the parties' agreement. A signed *Acknowledgement* regarding this agreement is also included in this document.

NOW, THEREFORE, IT IS AGREED by and between the parties, the Court shall enter the following:

ORDER

1. **Information about Petitioner:**

Full Name _____
First Middle Last

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Date of Birth: _____

Petitioner's former or other names or write "None":

| | | |
|-------|--------|------|
| First | Middle | Last |
| First | Middle | Last |

2. **Information about Respondent:**

Full Name _____
First Middle Last

Street Address _____ Apt. # _____

City State Zip Code County

Date of Birth: _____

Respondent's former or other names or write "None":

| | | |
|-------|--------|------|
| First | Middle | Last |
| First | Middle | Last |

3. **180 Day Requirement:**

- a. Petitioner has been living in Minnesota for the past six (6) months: YES NO
- b. Respondent has been living in Minnesota for the past six (6) months: YES NO

4. **Armed Forces:**

- a. Petitioner is an active duty member of the armed forces: YES NO

If **YES**, has the member of the armed forces been stationed in Minnesota for the past six (6) months? YES NO

- b. Respondent is an active duty member of the armed forces: YES NO

If **YES**, has the member of the armed forces been stationed in Minnesota for the past six (6) months? YES NO

5. **Other Proceedings:**

- a. Has a separate court case for custody, parenting time or child support already been started by Petitioner or Respondent in Minnesota or another state? 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 outcome of the case is: Open Closed Unknown or _____.
- b. Has a County started a Support case involving Petitioner and Respondent or their child(ren)? 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 _____. The case has been Dismissed is Pending resulted with an Order for Support.
- c. Is a child protection case involving the joint child(ren) in this case open? YES NO. If **YES**, this case is in _____ County in the State of _____, and the court file number is _____. The child protection worker's name is _____.

6. **Protection, Harassment, or No Contact Order:**

- a. An *Order* preventing or limiting contact between the parents and/or child(ren) is in effect: YES NO, If **YES**: the *Order* protects: Petitioner Respondent the child(ren). The *Order* was filed in _____ County in the State of _____ and the Court file number is _____. A copy of the *Order* is submitted along with this Stipulation and Order.

- b. If an Order for Protection is in effect, does the Order for Protection include a child support obligation? YES NO

7. **Child(ren) Petitioner and Respondent have Together (Joint Child(ren)):**

- a. Are there any minor child(ren) born to or adopted by Petitioner and Respondent together and that are involved in this action? YES NO If YES,

| <i>Full Name of Child</i> | Date of Birth | Age | Child Currently Lives With |
|---------------------------|----------------------|------------|--|
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents |
| | | | <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents |

The social security number of the children are listed on Confidential Form 11.1 and submitted along with the Stipulation.

- b. If a child is living with someone other than a parent, write the child's address below:
The address of the child(ren) is/are: _____ in the
City of _____, County of _____,
State of _____, zip code _____. The child(ren) has/
have lived at this address since _____ (mo/day/yr).

If child(ren) has / have lived less than six months at the above listed address, list dates and locations of where the child(ren) has / have been living for the last six months:

8. Paternity of the minor joint child(ren) was established as follows: (*check one*)

- a. An order was entered on _____ (date), in _____ (name of the county) District Court, court file number _____ adjudicating Petitioner Respondent the biological father of the minor child(ren); **OR**

- b. Petitioner and Respondent signed a Minnesota Recognition of Parentage for the minor joint child(ren) listed above. The Recognition of Parentage has been filed with Vital Statistics and is a basis for bringing an action to grant custody, parenting time, and/or child support in accordance with Minnesota Statutes § 257.75, subd. 3 (2014):
- i. A certified copy of the Recognition of Parentage has been filed with the Court; **OR**
 - ii. A certified copy of the Recognition of Parentage was requested from the Minnesota Department of Health, Bureau of Vital Statistics and shall be filed upon receipt. *(note: If Petitioner or Respondent were a minor (under the age of 18) when the Minnesota Recognition of Parentage was signed, STOP and consult with an attorney. See Minn. Stat. § 257.75, subd. 3 and Minn. Stat. § 257.55, subd. 1(h) for more information.)*

9. A guardian or custodian was appointed for the minor joint child(ren). YES NO

If **YES**, A guardian or custodian was appointed for the child(ren) by court order in court file number _____ in the State of _____ and the name of the guardian / custodian is _____

(Note: Minn. Stat. § 518.156, subd. 2 requires the Petitioner to give written notice of this proceeding to the guardian / custodian.)

10. **Petitioner’s Child(ren) from Other Relationship (Non-Joint Child(ren)):**

a. Does Petitioner have minor child(ren) from another marriage or relationship?

YES NO If **YES**,

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

| | | | |
|--|--|--|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|--|--|

11. **Respondent’s Child(ren) from Other Relationship (Non-Joint Child(ren)):**

a. Does Respondent have minor child(ren) from another marriage or relationship?

YES NO If YES,

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

12. **Legal Custody of Joint Child(ren):** *Legal custody means which parent(s) have a say in the major decisions regarding the child(ren)’s life including education, religious upbringing and medical treatment. It is in the best interests of the child(ren) to grant legal custody of each minor joint child of the parties as follows: (check one)*

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

In addition:

- a. Each parent will have access to medical records typically available to parents and will have equal rights to obtain information from and to consult with any medical providers. Either parent may seek emergency treatment for the child(ren), notifying the other parent as soon as possible.
- b. Each parent will have access to educational records typically available to parents. They will share information from educational sources, including costs and benefits of programs that may be recommended for the child(ren). Both parents may attend conferences, programs, and other activities in which the child(ren) becomes involved.
- c. Both parents may attend games, programs, and special events in which the child(ren) participates, unless prohibited by separate court order. Both will have the right to be notified by the school of all such activities and will attempt to keep each other informed of activities and special events.

13. **Physical Custody of Joint Child(ren):** *Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren).* It is in the best interests of the child(ren) to grant **physical** custody of each of the minor joint child(ren) of the parties as follows: *(check one)*

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

14. **Parenting Time of Joint Child(ren):** The best interests of the minor joint child(ren) are served with an award of parenting time as follows: (check one)

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

Regular schedule:

Monday through Friday: _____

Weekends: _____

Summer: (if you want a different schedule in summer) _____

Telephone contact with the child(ren): Unlimited or Only at certain times as follows: (describe the days and times when the parent and child(ren) may have telephone contact) _____

Exceptions to the Regular Schedule:

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

School Release days or breaks during the school year: _____

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

Birthdays: (child(ren)'s birthday, parent's birthday) _____

Holidays: _____

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

Other: _____

Under the above Schedule:

- a. The joint child(ren) are with Petitioner _____ overnights per year.
- b. The joint child(ren) are with Respondent _____ overnights per year.

15. **Support for the Joint Child(ren)**

a. The court shall establish the child support obligation in this action.
(note: if you checked this box, proceed to Paragraph 16).

b. The child support obligation for the minor child(ren) has been established by the court. A court order was entered on _____(date), in _____
(fill in the name of the county) District Court, court file number _____

i. All financial determinations made by the court in court file number _____, remain in full force and effect and are incorporated into this Joint Petition.

(note: if you checked this box, proceed to Paragraph 25).

ii. Although the court previously entered an order addressing child support in court file number _____, based on new financial circumstances and/or a change in parenting time, the parties agree to modify child support based on the information provided below.

(note: if you checked this box, proceed to Paragraph 16).

c. The parties do not wish to establish a child support obligation in this action. 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. Reserving child support is in the best interests of the child(ren) because _____

(note: If you checked this box, proceed to Paragraph 16. Also that by checking this box you are asking the court to reserve establishing child support, which requires the court to consider the factors set forth in Minn. Stat. § 518A.43, subd. 1. Review Minn. Stat. § 518A.43).

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

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

DIV813 and DIV816 to give notice to the county's collections and support office. The court cannot approve your agreement absent the approval of the public authority.)

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

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 minor joint child(ren) 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

17. **Expenses for Special Needs for the Joint Child(ren):**

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

YES NO If YES, name the child with special needs: _____

Describe the special needs: _____

If YES, explain the living expenses for the family below:

a. Petitioner and Respondent and their child(ren) are still living together. The monthly living expenses for the family total _____.

OR

b. Petitioner and Respondent are living separately. Petitioner's monthly living expenses are _____ and Respondent's monthly living expenses are _____. Of the total current monthly living expenses for Petitioner, _____ is for expenses just for the joint child(ren) that live with Petitioner. Of the total current monthly living expenses for Respondent, _____ is for expenses just for the joint child(ren) that live with Respondent.

18. **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 currently has more than two jobs, use attachments)

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

 Employer’s Street Address

 City

 State

 Zip Code

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

 Employer’s Street Address

 City

 State

 Zip Code

| Questions about Current Jobs | 1 st Job | 2 nd Job |
|--|---|---|
| Is Petitioner paid by the hour or salaried? | <input type="checkbox"/> hourly <input type="checkbox"/> salary | <input type="checkbox"/> hourly <input type="checkbox"/> salary |
| What is the average number of hours Petitioner works per week? | _____ hours | _____ hours |
| How much overtime pay does Petitioner receive per week on average? | \$ _____ | \$ _____ |
| Does Petitioner receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 st Job <input type="checkbox"/> Yes <input type="checkbox"/> No 2 nd Job | 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? \$ _____ |

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**

Enter the amount of child support Petitioner is court-ordered to pay for any non-joint child(ren) \$ _____ 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(ren) because of Petitioner's retirement, disability, or other eligibility \$ _____ per month

Which parent receives the payment for the child(ren)?

Petitioner Respondent

19. **Respondent's Employment**

a. Respondent is employed: YES NO

b. Respondent is Self-Employed: YES NO

c. Respondent is working at least 40 hours per week: YES NO

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

i. Why is Respondent unemployed or working 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 what are Respondent's professional qualifications or licenses? _____

d. Current Employment: (If Respondent currently has more than two jobs, use attachment)

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 Current Jobs | 1 st Job | 2 nd Job |
|--|---|---|
| Is Respondent paid by the hour or salaried? | <input type="checkbox"/> hourly <input type="checkbox"/> salary | <input type="checkbox"/> hourly <input type="checkbox"/> salary |
| What is the average number of hours Respondent works per week? | _____ hours | _____ hours |
| How much overtime pay does Respondent receive per week on average? | \$ _____ | \$ _____ |
| Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 st Job <input type="checkbox"/> Yes <input type="checkbox"/> No 2 nd Job | 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? \$ _____ |

Respondent's Income

Source of Income

Amount per Month (or zero) before deductions/taxes

Self-Employment Income \$ _____ per month

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

Job with _____ \$ _____ per month

Monthly income from a job =

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**

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

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

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

Which parent receives the payment for the child(ren)?
 Petitioner Respondent

20. **Child Support Guidelines Worksheet**

The parties have completed the Minnesota Child Support Guidelines Worksheet, which is attached and incorporated into this Stipulation and Order. The child support guidelines calculator considers various factors, including but not limited to both parents' gross income, the number of child(ren), parenting time, and medical and child care expenses. The child support guidelines calculator is used to estimate the amount of child support in your case and can be found at www.mncourts.gov under Help Topics-Child Support or at <http://childsupportcalculator.dhs.state.mn.us/>.

21. **Basic Support Obligation for the Minor Joint Child(ren)**

a. Petitioner Respondent shall pay basic support to the other party in the amount of \$_____ per month starting on (date): _____ as the basic support obligation for the parties' joint child(ren). Any past due amounts of child support are still owed.

This amount is based on calculations from the child support guidelines worksheet, which is attached and incorporated into this Joint Petition. Any past due amounts pursuant to a different court order of child support are still owed.

OR

This amount is a deviation from the basic support obligation under Minnesota laws, which is in the best interest of the child(ren) because:

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.

OR

b. Reserving the issue of basic child support because _____

22. **Medical and Dental Insurance for the Joint Child(ren)**

a. Who receives MinnesotaCare or Medical Assistance?

Petitioner Respondent Joint Child(ren) No one

b. Does Petitioner currently have medical insurance? YES NO

(other than MinnesotaCare or Medical Assistance)

If **YES**, who is currently covered by this medical insurance?

Petitioner Respondent Joint Child(ren)

If **YES**, what is the cost for dependent coverage per month? _____

(dependent coverage can be calculated by subtracting the monthly cost of single coverage from the monthly cost of family coverage)

c. Does Petitioner have dental insurance? YES NO

(other than MinnesotaCare or Medical Assistance)

If **YES**, who is currently covered by this dental insurance?

Petitioner Respondent Joint Child(ren)

If **YES**, what is the cost for dependent coverage per month? _____

Dental is included in the medical insurance costs.

d. Does Respondent currently have medical insurance? YES NO

(other than MinnesotaCare or Medical Assistance)

If **YES**, who is currently covered by this medical insurance?

Petitioner Respondent Joint Child(ren)

If **YES**, what is the cost for dependent coverage per month? _____

(dependent coverage can be calculated by subtracting the monthly cost of single coverage from the monthly cost of family coverage)

e. Does Respondent have dental insurance? YES NO

(other than MinnesotaCare or Medical Assistance)

If **YES**, who is currently covered by this dental insurance?

Petitioner Respondent Joint Child(ren)

If **YES**, what is the cost for dependent coverage per month? _____

Dental is included in the medical insurance costs.

f. If the joint child(ren) are without health care coverage, is coverage available for purchase through Petitioner's or Respondent's employer?

YES NO Joint Child(ren) currently have health coverage

Ordering **Medical** Insurance as follows:

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

OR

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

OR

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

OR

d. *Reserving* the issue of medical insurance for the joint child(ren) because _____

Ordering **Dental** Insurance as follows:

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

OR

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

OR

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

d. Other: _____

23. **Uninsured and Unreimbursed Medical and Dental Expenses for the Joint Child(ren)**

"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(ren) 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 minor child(ren) of the parties, and Respondent shall pay

_____ % of the uninsured and/or unreimbursed medical and dental costs for the minor child(ren) of the parties.

This amount is based on the percentage share of combined PICS (parental income for determining child support).

This amount is a deviation from the percentage share of combined PICS (parental income for determining child support). The deviation is appropriate because: _____

The parent who paid the bill must ask the other parent to pay his/her percentage share. To ask for payment, the parent who paid the bill shall 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 claimed to be owed. 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, the parent questioning the payment shall 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 because _____

24. **Child Care Support for the Joint Child(ren)**

Are there child care costs for joint child(ren) because of work or school? YES NO

If **YES**,

a. How many of the joint child(ren) need child care? One Two Three _____

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

c. Does the County child support agency pay for child care through a subsidy or child care assistance? Yes, child care assistance is being received.

Petitioner's Respondent's co-pay for child care per month is \$ _____

No, there is no county child care assistance received.

d. The parties agree that Petitioner should pay \$ _____ per month for his/her proportional share of child care costs and Respondent should pay \$ _____ per month for his/her proportional share of child care costs. These amounts are are not based upon calculations using the child support guidelines worksheet. If this amount is a deviation from the guidelines, the parties agree that this amount adequately meets the needs of the child(ren) and is in the best interest of the child(ren). The facts supporting the deviation from the basic amount are: _____

OR

e. Reserving the issue of child care expenses because _____

25. The welfare of the child(ren) shall be a paramount concern and consideration for the parties. Each party shall make every effort to foster the respect and affection of the minor child(ren) for the other party and shall do nothing which in any way would tend to influence the child(ren) against the other parent.

26. The parties shall refrain from speaking disparagingly about the other or persons with whom the child(ren) has a relationship with, including family and friends. The parties shall discourage others from speaking disparagingly of the other party, friends or family, to the minor child(ren). The parties shall speak positively of the other in the presence of the child(ren) and each party shall encourage the child(ren) to respect the other parent.

27. The parties shall keep one another apprised of their home addresses, work addresses, email addresses, and telephone numbers unless relieved of that obligation by separate court order.

28. **Post-Order Disputes.** Any claim or controversy arising under this Stipulation and Order involving custody, parenting time, or any other issue which cannot be resolved by the parties through direct communication, shall be promptly submitted to an alternative dispute resolution process, unless precluded within the purview of Minnesota Statute § 518B.01. The parties shall agree upon the ADR neutral and shall equally share in the neutral's fees. The parties shall cooperate in good faith to resolve the matter(s) in dispute with the assistance of the neutral. The parties must attempt an ADR process as a means of resolving any matter in dispute before either party may appear before the Court on a motion for post-decree relief.

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

ACKNOWLEDGEMENT

The undersigned parties affirm to the Court that the foregoing *Stipulation for Order and Order* incorporate the parties' complete and full agreement on all issues relative to this custody and parenting time action, and upon approval and entry by the court, shall constitute the final order of the court. Furthermore, the parties assert that the information stated herein are true and accurate, and that this agreement is based upon that full and fair disclosure. The parties ask the Court to enter judgment in strict conformity with the foregoing and, so long as the Court does so, the parties agree that this matter may proceed as by default. If the Court intends to deviate at all from the

terms of the foregoing, each party shall be notified and given the opportunity to present all arguments concerning all issues in the custody case.

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

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

DATED: _____

DATED: _____

SIGNATURE OF PETITIONER

SIGNATURE OF RESPONDENT

Name of Petitioner

Name of Respondent

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone

Telephone

Petitioner: is not represented by an attorney
(Sign Petitioner’s Waiver of Counsel on the following page)

Respondent: is not represented by an attorney
(Sign Respondent’s Waiver of Counsel)

Based on the above Stipulation, IT IS SO ORDERED:

Dated: _____

BY THE COURT:

Judge of District Court

PETITIONER’S WAIVER OF COUNSEL

I know I have the right to be represented by a lawyer of my choice. I hereby expressly waive that right, and I freely and voluntarily sign the foregoing stipulation.

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

Dated: _____

Petitioner

Address

City, State, Zip Code

Telephone

County & State Where Signed

RESPONDENT’S WAIVER OF COUNSEL

I know I have the right to be represented by a lawyer of my choice. I hereby expressly waive that right, and I freely and voluntarily sign the foregoing stipulation.

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

Dated: _____

Respondent

Address

City, State, Zip Code

Telephone

County & State Where Signed

(Note: If public assistance is being provided to a party or joint child(ren), the public authority must sign off on this Stipulation and Order.)

The public authority responsible for the collection and enforcement of child support reviewed and agreed to the Stipulation and Order of the above-named parties.

Name, title and Attorney Registration No.

Date

Office Location

Telephone

APPENDIX A

NOTICE IS HEREBY GIVEN TO THE PARTIES:

- I. **PAYMENTS TO PUBLIC AGENCY.** According To Minnesota Statues, 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 above, 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.