

FORM 2. PREHEARING STATEMENT

STATE OF MINNESOTA
COUNTY OF _____
DISTRICT _____

DISTRICT COURT
_____ JUDICIAL

In Re The Marriage Of:

_____,

Case No. _____

Petitioner,

and

PREHEARING STATEMENT

_____,
Respondent.

1. PERSONAL INFORMATION:

HUSBAND

WIFE

Full Name

Present Mailing Address

Employer

Street Address

City, State, ZIP

Birthdate

Marriage Date

Separation Date

(Different Residences)

Date(s) of Temporary

Order(s), if any

_____ age _____ age _____

Minor Children born to this marriage or who will be affected by this legal action:

FULL NAME

BIRTHDATE

AGE

LIVING WITH:

Is the wife now pregnant? ____no ____yes - due date of _____

Is the issue of custody contested? ____yes ____no

If custody is disputed, each party shall submit proposals for custody and visitation for each child as Exhibit 1A.

2. EMPLOYMENT: Provide the following data for each employer.

	HUSBAND	WIFE
a) Name of Employer	_____	_____
Length of Employment	_____	_____
Income:		
(1) Gross income per _____	\$ _____	\$ _____
Statutory Deductions:		
Federal Income Tax	\$ _____	\$ _____
State Withholding	\$ _____	\$ _____
Social Security (FICA)	\$ _____	\$ _____
Pension Deductions	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/Hospitalization Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(2) Subtotal of Statutory Deductions:	\$ _____	\$ _____
(3) Net Income (line 1 - line 2)	\$ _____	\$ _____
Other Paycheck Deductions:		
Specify: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
(4) Subtotal of Other Deductions	\$ _____	\$ _____
(5) NET TAKE HOME PAY PER (line 3 - line 4)	\$ _____	\$ _____

Tax withholding figures above are based upon Married or Single taxpayer with # of exemptions: (EX. M-4 or S-2): _____

Attach prior month's paycheck stub(s) as Exhibit 2A.

b) Employment benefits: Identify all benefits in addition to wages including bonus paid or due, automobile or travel expense reimbursement, other per diem compensation, memberships paid by the employer.

_____	_____
_____	_____
_____	_____

Will your medical and dental insurance coverage be available for your spouse after the dissolution? _____ Yes _____ No

c) Other Income:

(1) Public Assistance (AFDC/GA)	\$ _____	\$ _____
(2) Social Security Benefits for party or child(ren)	\$ _____	\$ _____
(3) Unemployment/ Workers' Comp.	\$ _____	\$ _____
(4) Interest income per _____	\$ _____	\$ _____
(5) Dividend income per _____	\$ _____	\$ _____
(6) Other income: _____	\$ _____	\$ _____
(7) Last Year's Tax Refunds	Federal _____ State _____	Federal _____ State _____

3. CHILD SUPPORT/SPOUSAL MAINTENANCE:

a) Does either party receive child support or spousal maintenance from a separate proceeding? _____ yes _____ no.

If yes, specify the \$ _____ received each month for child support/alimony for _____ by the order of _____ County, dated _____.

b) Child Support or Spousal Maintenance established by court order for person(s) not included in this proceeding **currently being paid:** \$ _____ \$ _____

To whom is this obligation owed? _____
County and Date of such Order: _____

c) Current Monthly Child Support or Spousal Maintenance Order established by temporary order for other party and minor children in this proceeding:

Child Support: \$ _____
Spousal Maintenance (Alimony): \$ _____
Any claimed arrearages under existing court order(s)? _____ yes _____ no.
If yes, specify the amount(s) claimed:
Child Support: \$ _____
Spousal Maintenance (Alimony): \$ _____

4. LIVING EXPENSES:

Your estimated monthly expenses: \$ _____

(Enter the total from an itemized schedule to be attached as Exhibit 4A.)

5. REAL PROPERTY:

	HOMESTEAD	OTHER*
(1) Date Acquired	\$ _____	\$ _____
(2) Purchase Price	\$ _____	\$ _____
(3) Present Fair Market Value	\$ _____	\$ _____
(4) First Mortgage Balance	\$ _____	\$ _____
(5) Second Mortgage Balance or Home Improvement Loan	\$ _____	\$ _____
(6) Net Value	\$ _____	\$ _____
(7) Monthly Payment: (PITI)	\$ _____	\$ _____
(8) Rental Income, if any	\$ _____	\$ _____

* Other Real Estate: Provide the same information for other real property such as rental property, lake cabin, etc. as Exhibit 5C.

6. PERSONAL PROPERTY: Fair Market Value

In Possession of:

	HUSBAND	WIFE	JOINT
a) Household Contents	\$ _____	\$ _____	\$ _____
b) Stocks, Bonds, etc. _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
c) Checking Accounts	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
d) Receivables and Claims _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

e) Motor Vehicles

(1) _____ (2) _____ (3) _____
 year/make/model year/make/model year/make/model

Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____

In Possession of _____

f) Boats, Motors, Campers, Snowmobiles, Trailer, etc.

(1) _____ (2) _____ (3) _____
 year/make/model year/make/model year/make/model

Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____

Monthly Payment \$ _____ \$ _____ \$ _____
 In Possession of _____

g) Other: (such as power equipment, tools, guns, valuable animals, etc.)
 Description: _____ Fair Market Value: \$ _____
 Encumbrance: \$ _____
 Net Value: \$ _____

7. NONMARITAL CLAIMS:

a) Description: (1) _____ (2) _____
 b) Amount claimed: \$ _____ \$ _____

Set forth as the basis for and method used to arrive at your claims to be attached as Exhibit 7A.

8. LIFE INSURANCE:

Company	a) _____	b) _____	c) _____
Policy Number	_____	_____	_____
Type of Insurance	_____	_____	_____
Face Amount	\$ _____	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____
Insured	_____	_____	_____
<hr/>			
Beneficiary	_____	_____	_____
Owner	_____	_____	_____

9. PENSION PLAN AND/OR PROFIT SHARING PLAN:

	HUSBAND	WIFE
a) Through Employment:		
(1) Present Cash Value	\$ _____	\$ _____
(2) Vested or Nonvested	_____	_____
b) Private Plans:		
(IRA, Keogh, SEP, etc.)		
(1) Present Cash Value	\$ _____	\$ _____
c) Deferred Compensation:	\$ _____	\$ _____
d) Military Pension or Disability:	Yes _____ No _____	Yes _____ No _____

10. DEBTS: (Not listed in paragraphs 4 or 5 above)

a) All Secured Debts:			
Creditor	(1) _____	(2) _____	(3) _____
Total Amount Owing	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated	_____	_____	_____

(H, W, J)
Reason for Debt _____

Totals Husband: \$____ Wife: \$____ Joint: \$____

b) Unsecured Debts: Attach a separate schedule showing the creditor, balance owed, monthly payment, etc. to be attached as Exhibit 9B. Include attorney fees and costs.

Totals Husband: \$____ Wife: \$____ Joint: \$____

Dated: _____

The statements contained herein are true and complete to the best of my knowledge.

Petitioner

Respondent

Attorney for _____
Attorney I.D. # _____

Telephone #: _____