

State of Minnesota

District Court

County of

Judicial District:
Court File Number:
Assigned Judge:
Case Type: Dissolution without Children

In Re the Marriage of:

Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)

Stipulated Findings of Fact,
Conclusions of Law, Order for
Judgment, Judgment and Decree
(Gen. R. Prac. Rule 308.04)

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 Counter-Petition: YES NO
If YES, Petitioner was served with the Answer and Counter-Petition on
Month Day Year

F. Petitioner and Respondent have reached an agreement for marital termination resolving all issues in
this case. Petitioner prepared the Stipulated Findings of Fact, Conclusions of Law, Order for
Judgment and Judgment and Decree and incorporated the stipulated facts and terms of the parties'

Mailing address: Same as above address OR

Street Address Apt. No.

City County State Zip Code

Respondent's Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

First Middle Last

First Middle Last

3. Our Marriage

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

4. 180 Day Requirement

Has Petitioner been living in Minnesota for the past six (6) months? YES NO

Has Respondent been living in Minnesota for the past six (6) months? YES NO

5. Armed Forces

Is Petitioner 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

Is Respondent an active duty member of the armed forces? YES NO

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

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of the marriage relationship and the marriage between Petitioner and Respondent cannot be saved.

7. Physical Living Situation

Do 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 because: _____

8. Other Proceedings

Has a separate court case for marriage dissolution, legal separation, 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 or _____

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:** The *Order* protects: Petitioner Respondent and the Order was filed in _____ County in _____ State on _____ date, and the Court file number is _____.

10. Children

“Minor” children are under age 18, or under age 20 but still in high school.

a. Do Petitioner and Respondent have minor children together? YES NO

b. Do Petitioner and Respondent have any adult dependent children who are not able to support

themselves because of a physical or mental condition? YES NO

c. Has Wife given birth, *since marrying Husband*, to a child who is *not Husband's child*?

YES NO

If you answered NO to c, skip to d. If YES, continue below:

i. Fill in the information for all children born to Wife *since marrying Husband*, who are not Husband's biological children.

| Full Name of Child | Date of Birth | Age |
|--------------------|---------------|-----|
| | | |
| | | |
| | | |

ii. Is there a Court Order naming someone other than the Husband as the father of a child(ren) listed at i? YES NO If YES, fill in:

| Full Name of Child | Date of Court Order | County/State of Order | Court Case No. |
|--------------------|---------------------|-----------------------|----------------|
| | | | |
| | | | |
| | | | |

iii. Have the Wife and biological Father signed a Minnesota Recognition of Parentage (ROP) for any of the children listed in (i) above? YES NO

If **YES**, state the full name of the child: _____ and attach **a certified copy of the Recognition of Parentage**, if not attached to the Petition.

Has the Husband signed the "Husband's Non-Paternity Statement" for any of the children listed at (i) above? YES NO

If **YES**, state the name of the child: _____ and attach **a certified copy of the "Husband's Non-Paternity Statement,"** if not attached to the Petition.

(For each minor child listed at c.(i.) there should be a paternity court order OR the Recognition of Parentage **and** Non-Paternity Statement to use this Dissolution Without Children form.)

d. The Wife in this marriage is is not now pregnant. (If the Wife is pregnant use Marriage Dissolution With Children form.)

11. Public Assistance/Medical Assistance

Note: If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner should give notice of this marriage dissolution action to the Support and Collections office for 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 Tribal TANF General Assistance Child Care Assistance

Minnesota Care 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 Tribal TANF General Assistance Child Care Assistance

Minnesota Care Medical Assistance

12. 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: NO YES in the amount of \$_____ per month.

b. Respondent receives Supplemental Security Income: NO YES in the amount of \$_____ per month.

13. Petitioner’s Employment

a. Is Petitioner employed? YES NO Is Petitioner Self-Employed? YES NO

b. Name and address of Petitioner’s employer. (If Petitioner has more than one job, list the Name and Address of each employer.)

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

14. Petitioner's Gross Income

The Income questions ask for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

| Source of Income | Amount per month (or zero) before taxes and deductions |
|------------------|--|
|------------------|--|

| | |
|------------------------|-------------------|
| Self Employment Income | \$_____ per month |
|------------------------|-------------------|

Self Employment income means gross receipts minus cost of goods sold minus ordinary and necessary business expenses. Use monthly average.

| | |
|----------------------|-------------------|
| Income from all jobs | \$_____ per month |
|----------------------|-------------------|

| | |
|---------------------------|-------------------|
| Commissions from all jobs | \$_____ per month |
|---------------------------|-------------------|

| | |
|-----------------------|-------------------|
| Unemployment benefits | \$_____ per month |
|-----------------------|-------------------|

| | |
|--|--|
| Social Security Retirement, Survivors or | |
|--|--|

| | |
|-------------------|-------------------|
| Disability Income | \$_____ per month |
|-------------------|-------------------|

| | |
|------------------------------|-------------------|
| Investments or 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 _____ | \$_____ per month |
|-------------|-------------------|

Identify Source

| | |
|---------------------------|-------------------|
| Total gross income | \$_____ per month |
|---------------------------|-------------------|

Does Petitioner receive child support payments? YES NO If YES, Petitioner

receives child support payments from _____(name(s) of payor(s))

in the total amount of \$_____ per month.

15. Respondent's Employment

Is Respondent employed? YES NO Is Respondent Self-Employed? YES NO

Name and address of Respondent's employer. (If Respondent has more than one job, list the Name and Address of each employer.)

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

16. Respondent's Gross Income

The Income questions ask for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

| Source of Income | Amount per month (or zero) before taxes and deductions |
|-------------------------|---|
|-------------------------|---|

| | |
|------------------------|--------------------|
| Self Employment Income | \$ _____ per month |
|------------------------|--------------------|

Self Employment income means gross receipts minus cost of goods sold minus ordinary and necessary business expenses. Use monthly average.

| | |
|----------------------|--------------------|
| Income from all jobs | \$ _____ per month |
|----------------------|--------------------|

| | |
|---------------------------|--------------------|
| Commissions from all jobs | \$ _____ per month |
|---------------------------|--------------------|

| | |
|-----------------------|--------------------|
| Unemployment benefits | \$ _____ per month |
|-----------------------|--------------------|

| | |
|--------------------------------|--------------------|
| Social Security (SSDI or RSDI) | \$ _____ per month |
|--------------------------------|--------------------|

| | |
|------------------------------|--------------------|
| Investments or 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 _____ | \$ _____ per month |
|-------------|--------------------|

Identify Source

| | |
|---------------------------|--------------------|
| Total gross income | \$ _____ per month |
|---------------------------|--------------------|

Does Respondent receive child support payments? YES NO If YES, Respondent receives child support payments from _____(name(s) of payor(s)) in the total amount of \$_____per month.

17. Medical / Dental Insurance

a. Does Petitioner have insurance coverage **through his/her employment**?

Medical: YES NO Dental: YES NO

If YES, this medical insurance covers: Petitioner Respondent and this dental insurance covers: Petitioner Respondent

b. Does Respondent have insurance coverage **through his/her employment**?

Medical: YES NO Dental: YES NO

If YES, this medical insurance covers: Petitioner Respondent and this dental insurance covers: Petitioner Respondent

c. Does Petitioner receive Medical Assistance or Minnesota Care through the State of Minnesota?

YES NO

d. Does Respondent receive Medical Assistance or Minnesota Care through the State of Minnesota? YES NO

18. Spousal Maintenance

Spousal Maintenance is money paid by one spouse to the other for living expenses.

Check only one box:

Petitioner and Respondent do not need spousal maintenance at this time, or in the future. Both parties agree that each party is fully capable of self-support and is not dependent upon the other for additional support in the form of spousal maintenance. Each party has made a full and fair disclosure of all income and assets and liabilities that each is responsible for, and agrees that this waiver is reasonable. The waiver is fair and equitable and is supported by the above consideration and was signed by both parties after full financial disclosure to each other.

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.

19. 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

List all vehicles owned by husband or wife together or separately:

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

| | | | | | |
|--|--|--|----|----|----|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |

20. 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 between Petitioner and Respondent to their satisfaction?

YES NO

If **NO**, Petitioner requests the following marital property: _____

If **NO**, Respondent requests the following marital property: _____

21. 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

If YES, list Respondent's non-marital property: _____

22. 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

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you 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.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #26.

| Financial Institution | Type of Account | Account # Last 4 digits only | Amount | Belongs to: (name on account) |
|------------------------------|------------------------|---|---------------|--|
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |

b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____.

23. Business Interest

Does Petitioner have an interest in a business? YES NO

Does Respondent have an interest in a business? YES NO

If YES, the name of the business is _____, the address is

_____ and the value is \$_____. How did you arrive at this value? _____

24. Manufactured Home

Does Petitioner own a manufactured home? YES NO

Does Respondent own a manufactured home? YES NO

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

a. 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 25.

25. 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

Does Respondent own real property solely in his/her own name or with someone other than Petitioner? YES NO

How many properties are owned by you and your spouse in total? None One Two
 Three _____

If you or your spouse 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 the Stipulated Findings of Fact and label each sheet "Attachment to Stipulated Findings of Fact 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.)

3. 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 did you arrive at this value? _____

7. This property is the homestead: _____ Yes _____ No

26. Retirement Plans

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

YES NO If YES:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

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:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Petitioner began working at the job or joined the union or group plan is: _____

d) The type of plan is: (e.g. defined benefit, defined contribution) _____

e) The present value of the pension or plan is: _____

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

YES NO If YES:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) The current account balance is: _____

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

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Respondent began working at the job or joined the union or group plan is:

d) The type of plan is: (e.g. defined benefit, defined contribution) _____

e) The present value of the pension or plan is: _____

27. Debts

Does Petitioner have debt? YES NO

Does Respondent have debt? YES NO

If YES, list debts in your name, your spouse'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? | | Balance Owed | Monthly Payment |
|-------------------|---------------------|--|------|--------------|-----------------|
| | | Name | Date | | |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

BASED UPON THE ABOVE INFORMATION, the parties agree that the Court shall make the following:

CONCLUSIONS OF LAW

1. The bonds of matrimony between Petitioner and Respondent are dissolved, so they are single and not married.

2. **Medical and Dental Insurance for the Parties**

a. Each party to 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.

3. **Spousal Maintenance**

a. Neither party is awarded spousal maintenance. Petitioner and Respondent have waived any claims to spousal maintenance for the past, present, or future and expressly waive all rights to modify their waivers of maintenance. This court is divested of jurisdiction to award or modify maintenance in the future pursuant to *Karon v. Karon*, 435 N.W.2d 501 (Minn. 1989).

Consideration for this agreement is: (check all that apply)

the parties' mutual waivers of maintenance

the property settlement

the parties' respective incomes and ability to earn income

other: _____

The Court has reviewed this agreement and finds it to be fair and equitable under all of the circumstances, and supported by sufficient consideration including the parties' mutual waivers, incomes per year and the property division. Full disclosure of each party's financial circumstances has occurred.

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.

4. Vehicles

Awarding the vehicles as follows and ordering the party receiving the vehicles to pay for any loans or insurance for such vehicle:

| Year / Make / Model | Awarded to: |
|---------------------|-------------|
| | |
| | |
| | |

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

5. 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: _____

6. 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: _____

7. Cash and Accounts

a. Awarding the savings and investments as follows:

| Institution | Type of Account | Account # (Last 4 digits only) | Amount | Awarded to |
|--------------------|------------------------|--|---------------|-------------------|
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |

| | | | | |
|--|--|----|----|--|
| | | XX | \$ | |
| | | XX | \$ | |
| | | XX | \$ | |

- b. Awarding any cash not included in a. above to the party who currently has the cash OR
 Awarding the cash as follows: _____

8. Business

- None OR
 Awarding the parties' **business** as follows: _____

9. 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.

10. 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 agreements:

A lien in favor of Petitioner Respondent in the amount of \$ _____.

Other request regarding the property: (describe the request fully) _____

11. Additional 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 agreements:

A lien in favor of Petitioner Respondent in the amount of \$ _____.

Other request regarding the property: (describe the request fully) _____

12. Retirement Funds

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows:

Petitioner has no retirement funds OR

100% to Petitioner OR

Dividing Petitioner's retirement benefits fairly and equitably between the parties as follows: _____

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A., or 401(k) or other retirement fund as follows:

Respondent has no retirement funds OR

100% to Respondent OR

Dividing Respondent's retirement benefits fairly and equitably between the parties as follows: _____

13. Debts

a. Dividing the debts as follows and ordering each party to hold the other harmless from any responsibility for the debts so divided. *Include all debts listed at #27 above.*

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

b. Ordering that each party is solely responsible for paying any other debts incurred solely by him or her and ordering each party to hold the other harmless from any responsibility for such separately incurred debts.

14. 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

15. Other: _____

16. 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.

17. Petitioner and Respondent agree that after a Judgment and Decree has been entered herein, Petitioner may have a third party, age 18 or older, serve the *Judgment and Decree* upon Respondent

by mailing it to Respondent's last known address by first class mail, postage prepaid. The parties agree that service by mail instead of personal service shall constitute proper service of the *Judgment and Decree* for all purposes. Petitioner is responsible for filing an *Affidavit of Service* of the *Judgment and Decree* in the court file.

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 Support and Maintenance, Minnesota Statutes § 518A.53; Change of Address or Residence; Cost of Living Increase of Support and Maintenance pursuant to Minnesota Statutes § 518A.75; Judgments for Unpaid Support pursuant to Minnesota Statutes § 548.091; Judgments for Unpaid Maintenance 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 *Conclusions of Law* incorporate the parties' complete and full agreement for marital termination to resolve all issues in this dissolution case, and upon approval and entry by the court, shall constitute the judgment and decree for marriage dissolution for all purposes. Furthermore, the parties assert that the facts stated in the *Findings of Fact* are true and accurate, that each party has fully disclosed the nature and extent of his or her property, debts, and income, 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 dissolution case.

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

STATE OF MINNESOTA
COUNTY OF _____)SS

DATED: _____

DATED: _____

Signature of Petitioner
(Do NOT sign unless in presence of Notary Public)

Signature of Respondent
(Do NOT sign unless in presence of Notary Public)

Subscribed and sworn to before me this
_____ day of _____, _____

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public/Deputy Court Administrator

Notary Public/Deputy Court Administrator

Petitioner: is not represented by an attorney (**Sign Petitioner’s Waiver of Counsel**)
 is represented by the following attorney:
 Attorney’s Name: _____
 Attorney’s ID #: _____ Telephone: (____) _____
 Attorney’s Address: _____
 City, State, Zip: _____

Respondent: is not represented by an attorney (**Sign Respondent’s Waiver of Counsel**)
 is represented by the following attorney:
 Attorney’s Name: _____
 Attorney’s ID #: _____ Telephone: (____) _____
 Attorney’s Address _____
 City, State, Zip: _____

By _____
Attorney for Petitioner

By _____
Attorney for Respondent

ORDER FOR JUDGMENT
LET JUDGMENT BE ENTERED IMMEDIATELY.

The foregoing facts were found
by me after due hearing and the
Order thereon is recommended.

BY THE COURT

District Court Referee

Judge of District Court

Dated: _____

Dated: _____

JUDGMENT
I certify the above *Conclusions of Law* are the Judgment of the Court.

Court Administrator

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 to terminate my marriage and resolve all issues in this marriage dissolution case. I understand that an attorney would be helpful in determining the issues contained in the foregoing stipulation; however, I specifically decline to retain independent counsel.

Date

Signature of Petitioner

RESPONDENT’S WAIVER OF COUNSEL

I, _____ declare as follows:

1. I know I have the right to be represented by an attorney of my choice. I hereby expressly waive that right and I freely and voluntarily sign the foregoing stipulation to terminate my marriage and resolve all issues in this marriage dissolution case.
2. I understand that an attorney would be helpful in determining issues contained in the foregoing stipulation; however, I specifically decline to retain independent counsel.
3. I hereby expressly waive any right to contest the agreements set forth in the foregoing stipulation and I waive the thirty (30) days period to answer.
4. My spouse may proceed to judgment pursuant to the terms of said stipulation as if by default, and without further notice to me.

Date

Signature of Respondent