

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)

Findings of Fact,
Conclusions of Law, Order for
Judgment, Judgment and Decree

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

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

Findings of Fact

1. Information about Petitioner

Full Name: _____
 First Middle Last

Address where you live: _____
 Street Address Apt. No.

City County State Zip Code

Mailing address: Same as above address OR

 Street Address Apt. No.

City County State Zip Code

Date of Birth: _____ Petitioner is the Husband Wife.
 Month Day Year

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

 First Middle Last

 First Middle Last

2. Information about Respondent

Full Name: _____
 First Middle Last

Address: _____
 Street Address Apt. No.

City County State Zip Code

Respondent's address is unknown to Petitioner.

Respondent's 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

UNKNOWN

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 UNKNOWN

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 my marriage relationship with Respondent and the marriage 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 Unknown 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 the 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 submitted with 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 submitted with 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 UNKNOWN

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, or UNKNOWN

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
------------------------	--------------------

Calculate net monthly self employment revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12=Net Monthly Revenue.

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 UNKNOWN

Is Respondent Self-Employed? YES NO UNKNOWN

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

Petitioner has no information about Respondent's income. OR

Petitioner does not have detailed information about Respondent's income, but has good reason to believe that Respondent's pay is \$ _____ per week month year, with bonuses, overtime or commissions in the additional amount of \$ _____ per week month year. This is Respondent's Net Income (after taxes and deductions) or Gross Income (before taxes and deductions.) OR

Petitioner has detailed information about Respondent's income. (If this is true, fill out the income information below.)

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

Source of Income	Amount per month (or zero) before taxes and deductions
Self Employment Income	\$_____per month
Calculate net monthly self employment revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12=Net Monthly Revenue.	
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 _____ Identify Source	\$_____ per month
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 UNKNOWN

Dental: YES NO UNKNOWN

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 UNKNOWN

18. Spousal Maintenance

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

Check only one box:

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

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

Petitioner needs spousal maintenance from Respondent now. Petitioner is _____ years of age, Petitioner and Respondent have been married for _____ years. Petitioner has the following education: _____. Petitioner's gross monthly income totals \$_____. Petitioner's monthly expenses total \$_____ and Petitioner is not able to maintain the standard of living established during the marriage because: _____
_____.

Respondent has the ability to pay Petitioner \$_____ per month for spousal maintenance.

Respondent needs spousal maintenance from Petitioner now. Respondent is _____ years of age, Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____ . Respondent's gross monthly income totals \$_____. Respondent's monthly expenses total \$_____, and Respondent is not able to maintain the standard of living established during the marriage because: _____ . Petitioner has the ability to pay Respondent \$_____per month for spousal maintenance.

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 UNKNOWN

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 already, to Petitioner's satisfaction? YES NO

If **NO**, Petitioner 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 UNKNOWN

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
UNKNOWN

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 \$_____ OR UNKNOWN

23. Business Interest

Does Petitioner have an interest in a business? YES NO

Does Respondent have an interest in a business? YES NO UNKNOWN

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

and the value is \$_____. 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 UNKNOWN

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 UNKNOWN

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 UNKNOWN **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 UNKNOWN

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 UNKNOWN

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		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total Debt				\$	\$

28. Name Change

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

a. Petitioner’s name should be changed to:

first *middle* *last*

Is this a former legal name or maiden name? YES NO If NO, the reason Petitioner wants to change to this name is: _____

b. Petitioner has no intent to defraud or mislead anyone by changing his/her name:

True False.

c. Has Petitioner been convicted of a felony? YES NO If YES:

i. Notice of this request for name change has been given to the proper authority as required by Minn.Stat.§259.13. (IMPORTANT NOTICE: If you are a convicted felon and you request a name change without following the requirements of Minn. Stat § 259.13, using the new last name after your divorce is a gross misdemeanor.)

ii. An *Affidavit of Service of the Notice* marked Exhibit “A” has been submitted along with this Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree.

29. Other Findings

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

CONCLUSIONS OF LAW

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

2. 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.
- 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

- Petitioner is not requesting a name change.

Changing Petitioner's name to:

First

Middle

Last

15. Other: _____

16. Other: _____

17. 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.

18. Petitioner shall personally serve Respondent with a copy of the *Judgment and Decree* by having a third party (the server), age 18 or older, hand a copy of the *Judgment and Decree* to Respondent. The server's *Affidavit of Service*, filed with the Court by Petitioner, will be proof of service.

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.

**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 and Judgment is hereby entered.

Court Administrator

Deputy

Dated: _____