

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)

Answer and Counter-Petition

STATE OF MINNESOTA)
COUNTY OF _____)SS
(County where Answer and Counter-Petition is signed)

ANSWER

1. The following paragraphs of the *Petition for Dissolution of Marriage* are TRUE: _____

2. The following paragraphs of the *Petition for Dissolution of Marriage* are NOT TRUE: _____

3. The following paragraphs of the *Petition for Dissolution of Marriage* are PARTLY TRUE AND PARTLY NOT TRUE: _____

4. I do not know if the following paragraphs of the *Petition for Dissolution of Marriage* are TRUE OR NOT TRUE: _____

COUNTER-PETITION

1. Information about Petitioner

Full Name: _____
 First Middle Last

Address: _____
 Street Address Apt. No.

 City County State Zip Code

Date of Birth: _____
 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 where you live: _____
 Street Address Apt. No.

 City County State Zip Code

Mailing address where you agree to receive papers for this case: 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 UNKNOWN

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 UNKNOWN

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 six (6) months? YES NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of my marriage relationship with Petitioner 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 we separated was: _____.
Month Day Year

If YES, why are you living together at this time? _____

8. Other Proceedings

a. 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 I do not know

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:

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

10. Verification of No Children from the Marriage

a. Do Petitioner and Respondent have minor children under the age of 18, or under 20 and still in high school, or adult dependents who are not able to support themselves because of a physical or mental condition? YES NO (If you answered YES you are using the wrong Counter-Petition. Use Marriage Dissolution With Children.)

b. Has Wife given birth, *since marrying Husband*, to a minor child who is not a child of the Husband? YES NO (If you answered YES you are using the wrong Counter-Petition. Use Marriage Dissolution With Children.)

c. The Wife in this marriage is is not now pregnant. (If the Wife is pregnant you are using the wrong Counter-Petition. Use Marriage Dissolution With Children.)

11. Husband’s Children from Other Relationship

Does Husband have minor child(ren) from another marriage or relationship?

YES NO UNKNOWN

If YES, the full name, date of birth and age of each child is:

Full Name of Child and Age	Date of Birth	Does Child Live with Husband?	Does Husband pay Court-Ordered Child Support 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
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Wife’s Children from other Relationship

Does Wife have minor child(ren) *born prior to the marriage* from another marriage or

relationship? YES NO UNKNOWN

If YES, the full name, date of birth and age of each child *born prior to the marriage* is:

Full Name of Child and Age	Date of Birth	Does Child Live with Wife?	Does Wife pay Court-Ordered Child Support 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

13. Public Assistance

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

a. Does Petitioner receive public assistance from the State of Minnesota?

YES NO UNKNOWN

If YES, the assistance is from _____ County. (Check all that apply):

MFIP Medical Assistance Tribal TANF

Child Care Assistance MinnesotaCare General Assistance

b. Does Respondent 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
 Child Care Assistance MinnesotaCare General Assistance

14. School

Is Petitioner currently enrolled in school? YES NO UNKNOWN

If **YES**:

a. The name of the school is _____.

b. The type of school is High School College Vocational Other

c. The type of degree expected is _____ and the expected graduation date is _____.

Is Respondent currently enrolled in school? YES NO

If **YES**:

a. The name of the school is _____.

b. The type of school is High School College Vocational Other

c. The type of degree expected is _____ and the expected graduation date is _____.

15. Social Security or Disability Income

a. Does anyone in Petitioner's household receive Supplemental Security Income

(SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? YES NO UNKNOWN

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Petitioner is _____ and the amount received per month is: \$ _____ OR UNKNOWN.

- b. Does anyone in Respondent's household receive Supplemental Security Income (SSI) or Social Security (SSDI or RSDI) due to disability, retirement, or death of a parent or spouse? YES
 NO

If **YES**, the name of the person who receives the income is: _____ and the person's relationship to Respondent is _____ and the amount received per month is: \$ _____.

16. Petitioner's Employment

- a. Is Petitioner employed? YES NO UNKNOWN

Is Petitioner Self-Employed? YES NO UNKNOWN

- 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

17. Petitioner's Income

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

- a. Petitioner's current tax filing status is: Married Single; Number of Exemptions _____
OR Petitioner's tax filing status is unknown to Respondent.

- b. Petitioner has income from the following sources:

- Respondent has no information about Petitioner's income OR
- Respondent does not have detailed information about Petitioner's income, but has good reason to believe that Petitioner's pay is \$_____ per week month year, with bonuses, overtime or commissions in the additional amount of \$_____ per week month year. This is Petitioner's Net Income (after taxes and deductions) or Gross Income (before taxes and deductions.)

OR

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

Sources of Income **Amount per month (before taxes and deductions)**

- Self Employment Net Monthly Revenues \$_____

If **self employed**, calculate net monthly revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Counter-Petition, if possible.

- Job with _____ \$_____ per month
- Second Job with _____ \$_____ per month

If Petitioner has a job or jobs, answer the questions in the table for each job. If Petitioner has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Is Petitioner paid by the hour or does Petitioner have a salary?	<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 commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____	If Yes, how much was received in commissions or bonuses last year? \$_____ How much is expected this year? \$_____

Petitioner's Other Sources of Income:

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

<input type="checkbox"/> Supplemental Security Income (SSI)----	\$ _____	per month
<input type="checkbox"/> MFIP-----	\$ _____	per month
<input type="checkbox"/> General Assistance-----	\$ _____	per month
<input type="checkbox"/> Investments or Rental Income-----	\$ _____	per month
<input type="checkbox"/> Pension-----	\$ _____	per month
<input type="checkbox"/> Workers Compensation	\$ _____	per month
<input type="checkbox"/> Other _____	\$ _____	per month
Identify Source		
Petitioner's gross income totals	\$ _____	per month from jobs, self-employment and all other sources.

c. Petitioner's deductions from monthly gross income: (Provide the total from all jobs, self-employment and other sources of income.)

The question asks for monthly deductions. If paid weekly, multiply the deductions shown on pay stub by 4.33 to get monthly deductions. If paid every two weeks, multiply deductions by 2.17. If paid twice a month, multiply by 2.

1. Federal income tax (from a pay stub, or use tax table and apply the tax filing status at 17(a)) \$ _____ per month
2. State income tax (from a pay stub, or use tax table and apply the tax filing status at 17(a)) \$ _____ per month
3. Social Security (FICA) \$ _____ per month
4. Medicaid/Medicare \$ _____ per month
5. Reasonable pension deduction \$ _____ per month
6. Monthly cost of health and dental insurance coverage
 Petitioner gets through his/her employer or by
 purchasing it on his/her own \$ _____ per month

OR

An amount for actual medical and dental expenses \$ _____ per month
 Explain what the expenses are for: _____

7. Union dues \$ _____ per month
8. Child support or spousal maintenance order
 Petitioner currently pays \$ _____ per month
- Total Deductions \$ _____ per month**

If Petitioner has other deductions from pay, they may be included as living expenses at Question #21.

- d. Petitioner's **net** income totals \$ _____ per month, from all jobs and sources of income.
Subtract total deductions listed at (c) from gross income listed at (b).

Does Petitioner receive child support payments? YES NO UNKNOWN

If YES, Petitioner receives child support payments from _____ (name(s))
of payor(s) in the total amount of \$ _____ per month.

18. Respondent's Employment

Is Respondent employed? YES NO

Is Respondent Self-Employed? YES NO

Name and address of Respondent's employer. (If you have 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

19. Respondent's Income

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

- a. Respondent's current tax filing status is: Married Single; Number of Exemptions _____

b. Respondent has income from the following sources in the following amounts (check all that apply):

Sources of Income **Amount per month (before taxes and deductions)**

Self Employment Net Monthly Revenues \$ _____

Calculate the net monthly revenues from self employment as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Counter-Petition, if possible.

Job with _____ \$ _____ per month

Second Job with _____ \$ _____

If Respondent has a job or jobs, answer the questions in the table for each job. If Respondent has more than 2 jobs, attach another sheet of paper to give the information for the other jobs.

Question	1 st Job	2 nd Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours worked per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$ _____	\$ _____
Do you receive commissions or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in commissions or bonuses last year? \$ _____ How much is expected this year? \$ _____	If Yes, how much was received in commissions or bonuses last year? \$ _____ How much is expected this year? \$ _____

Respondent's Other Sources of Income:

Unemployment ----- \$ _____ per month

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

Supplemental Security Income (SSI)---- \$ _____ per month

MFIP----- \$ _____ per month

General Assistance----- \$ _____ per month

Investments or Rental Income----- \$ _____ per month

Pension----- \$ _____ per month

Workers Compensation \$ _____ per month

Other _____ \$ _____ per month
Identify Source
 Respondent's **gross** income totals \$ _____ per month from jobs,
 self-employment and all other sources.

c. Respondent has the following deductions from gross income: (Provide the total from all jobs, self-employment and other sources of incomes.)

The question asks for monthly deductions. If Respondent is paid weekly, multiply the deductions shown on the paystub by 4.33 to get monthly deductions. If paid every two weeks, multiply the deductions by 2.17. If paid twice a month, multiply by 2.

1. Federal income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 19(a)) \$ _____ per month
2. State income tax (use amount shown on pay stub, or use tax table and apply the tax filing status at 19(a)) \$ _____ per month
3. Social Security (FICA) \$ _____ per month
4. Medicaid/Medicare \$ _____ per month
5. Reasonable pension deduction \$ _____ per month
6. Monthly cost of health and dental insurance coverage \$ _____ per month
 Respondent gets through his/her employer or by purchasing
 it on his/her own

OR

An amount for actual monthly medical and dental expenses \$ _____ per month
 Explain what the expenses are for: _____

-
7. Union dues \$ _____ per month
 8. Child support or spousal maintenance order that Respondent currently pays \$ _____ per month
- Total Deductions** \$ _____ per month

If there are other deductions from your pay, they may be included as living expenses at Question #21.

d. Respondent's **net** income totals \$ _____ per month,
 Subtract total deductions listed at (c) from gross income listed at (b).

e. 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.

20. Medical / Dental Insurance

- a. Does Petitioner 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

- 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 UNKNOWN

- d. Does Respondent receive Medical Assistance or Minnesota Care through the State of

Minnesota? YES NO

21. Spousal Maintenance

- a. Does Petitioner need spousal maintenance from Respondent? YES NO If YES,

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: _____

b. Does Respondent need spousal maintenance from Petitioner? YES NO If **YES**, 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: _____

22. 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 UNKNOWN

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
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

23. 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 already to the Respondents' satisfaction? YES NO

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

24. 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 UNKNOWN

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: _____

25. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments? YES NO UNKNOWN

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 #29.

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 \$_____ .OR UNKNOWN

Respondent has cash in the amount of \$_____.

26. Business Interest

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

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? _____

27. Manufactured Home

Does Petitioner own a manufactured home? YES NO UNKNOWN

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 28.

28. 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 UNKNOWN
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? YES NO
- d. 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 this Answer and Counter-Petition, and label each sheet "Attachment to Answer and Counter-Petition of _____" (your name).

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

29. Retirement Plans

a. Does **Petitioner** 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: _____

b. 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 UNKNOWN

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: _____

c. 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: _____
- d. 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: _____

30. Debts

Does Petitioner have debt? YES NO UNKNOWN

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		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

		Total Debt	\$	\$

31. Name Change

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

a. Respondent's name should be changed to _____
First Middle Last

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

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

True False

c. Has Respondent been convicted of a felony? YES NO If **YES**, answer i. and ii:

i. Respondent has given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13. (See Felon Name Change Instructions)

ii. Respondent has attached to this Answer and Counter-Petition an *Affidavit of Service* of the Notice marked Exhibit "A".

32. Other Include other facts you think the Court should know.

BASED UPON THE ABOVE INFORMATION, Respondent requests that the Court issue a final judgment and decree granting the following relief:

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.

2. Medical and Dental Insurance for the Parties

- a. Ordering each party to provide for his or her own medical dental insurance.
- b. Ordering _____(full name) to 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. Maintenance is denied to Petitioner and Respondent.
- b. Reserving the issue of maintenance.
- c. Ordering Petitioner Respondent to pay spousal maintenance to
Petitioner Respondent.

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

Dividing the parties' marital property, household goods, furniture and furnishings **either:**

- a. As currently divided **OR**
- b. As follows (attach additional page if necessary):

To Petitioner: _____

To Respondent: _____

6. Non-Marital Property

Dividing the parties non-marital property

- a. As currently divided **OR**
- b. As follows (attach additional page 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:

100% to Petitioner **OR**

Dividing Petitioner's retirement benefits fairly and equitably between the parties.

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

100% to Respondent **OR**

Dividing Respondent's retirement benefits fairly and equitably between the parties.

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 30 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

Respondent is not requesting a name change; OR

Changing Respondent's name to: _____
First Middle Last

15. Other: _____

16. Ordering such other relief as the Court deems just and equitable.

17. READ and SIGN the **Verification and Acknowledgments**.

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Answer and Counter-Petition is signed)

Verification and Acknowledgments

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota or in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d. I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing this document, Court costs, and reasonable attorney’s fees. I understand that I could also be prosecuted for perjury if I am not telling the truth in my Counter-Petition.

DATE: _____ / _____ / _____
 Month Day Year

Respondent’s Signature
(Sign **only** in presence of notary public)

Mailing Address (Street): _____
City, State _____
Zip Code: _____
Telephone: _____

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

Notary Public or Court Clerk