

State of Minnesota

District Court

County of

Judicial District:
Court File Number:
Assigned Judge:
Case Type: Dissolution with 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. **Check One:**

- Respondent did not respond, so Petitioner proceeded by default.
- Petitioner and Respondent reached an agreement and signed a *Marital Termination Agreement*, the terms of which are set forth in this document as *Conclusions of Law*.
- Petitioner and Respondent reached an agreement at Court. The Agreement is not in writing. Petitioner prepared the *Findings of Fact, Conclusions of Law, Order for Judgment and Judgment and Decree*, and included the terms of the parties' Agreement. Respondent approves of the agreement as noted by his or her signature on the last page of this document.

### Findings of Fact

**1. Information about Petitioner**

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address Apt. No.

\_\_\_\_\_  
City County State Zip Code

Mailing address where Petitioner agrees to receive papers for this case:  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.

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 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 at this time because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**8. Other Proceedings**

a. Has a separate court case for marriage dissolution, legal separation, custody, paternity 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 \_\_\_\_\_

b. Has a County started a Support case involving the Petitioner and the Respondent or their children?  YES  NO If YES, the case was started in \_\_\_\_\_

County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_.

The case is  Dismissed or  Pending or  an Order for Support was issued.

**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  the child(ren) and the *Order* was filed in \_\_\_\_\_ County in \_\_\_\_\_ State on \_\_\_\_\_ date, and the Court file number is \_\_\_\_\_.

b. Does the *Order for Protection* include an order to pay child support?  YES  NO

**10. Juvenile Court Case**

Is a Juvenile Court case (child protection, delinquency or foster care) involving husband's and wife's joint child(ren) taking place in Minnesota or another state?  YES  NO

**If YES**, the case is in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_. The name of the child or children involved

in the Juvenile Court case is: \_\_\_\_\_

**11. Children Husband and Wife have Together (Joint Children)**

a. Are there any children born to or adopted by husband and wife together, either before or during the marriage?  YES  NO If YES,

Full Name of Child	Date of Birth	Age	Child Currently Lives With
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)

If a child is living with someone other than a parent, write the child's address below:

Address: \_\_\_\_\_

Street Address Apt. No.

\_\_\_\_\_

City County State Zip Code

b. Has each child born to or adopted by husband and wife together lived in Minnesota for the past six (6) months?  YES  NO

If NO, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Adult Dependent Children**

Support can be ordered for a joint child over age 18 who cannot support him/herself because of a physical or mental condition.

Is there an adult joint child born to or adopted by Husband and Wife who is not able to support himself or herself because of a physical or mental condition?  YES  NO

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

Full Name of Dependent	Date of Birth	Age

**13. Pregnancy**

- a.  Petitioner  Respondent is the wife in this marriage.  
b. Is wife pregnant?  YES  NO  UNKNOWN

If wife is pregnant answer (i) and (ii):

(i) The date the baby is due is \_\_\_\_\_ OR  UNKNOWN  
Month Day Year

(ii) Do Wife and Husband agree that husband is the biological father of the unborn child?  
 YES  NO

If NO,  Wife  Husband claims husband is not the biological father of the child.

**14. Husband’s Children from Other Relationship (Non-Joint Children)**

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?	Is Husband Court-Ordered to pay 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

**15. Wife’s Children from Other Relationship (Non-Joint Children)**

- a. 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?	Is Wife Court-Ordered to pay 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

b. Has Wife given birth, *since marrying Husband*, to a minor child who is not a child of the Husband?  YES  NO

If **YES**, answer (i) , (ii), (iii) and ( iv):

(i) List the full name, date of birth and age of each child born to Wife since marrying Husband, who is not a child of the Husband:

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

(ii) Is there a Court Order naming someone other than the Husband as the father of the child(ren) listed in (i) above?  YES  NO

The Order is for: \_\_\_\_\_  
Full Name of Child(ren)

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

If **YES**, state the full name of the child: \_\_\_\_\_ and attach a copy of the Recognition of Parentage.

If **NO**, why not? \_\_\_\_\_  
 \_\_\_\_\_

(iv) 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: \_\_\_\_\_  
 If **NO**, why not? \_\_\_\_\_  
 \_\_\_\_\_

**16. Parenting Time**

It is in the best interests of the children that:

Petitioner's parenting time with the joint children be: (check one)

unsupervised  supervised  reserved

Respondent's parenting time with the joint children be: (check one)

unsupervised  supervised  reserved

If parenting time is unsupervised for both parents, skip to Question 17.

For supervised parenting time answer a. and b. For reserved parenting time, answer c.

a. Supervision is necessary because unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development. The circumstances

supporting this finding are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. It is in the best interests of the child(ren) that supervision of parenting time be arranged as follows: (State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Parenting time should be reserved because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

- MFIP in the amount of \$\_\_\_\_\_per month
- Tribal TANF in the amount of \$\_\_\_\_\_per month
- General Assistance in the amount of \$\_\_\_\_\_per month
- Child Care Assistance  MinnesotaCare  Medical Assistance

b. Does Respondent receive public assistance from the State of Minnesota?

YES  NO  UNKNOWN

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

- MFIP in the amount of \$\_\_\_\_\_per month
- Tribal TANF in the amount of \$\_\_\_\_\_per month
- General Assistance in the amount of \$\_\_\_\_\_per month
- Child Care Assistance  MinnesotaCare  Medical Assistance

c. Do the joint children of the parties 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    MinnesotaCare  
 IV-E Foster Care

### 18. 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. Does Petitioner receive Supplemental Security Income (SSI)?  NO    YES in the amount of \$\_\_\_\_\_per month.
- b. Does Respondent receive Supplemental Security Income (SSI)?  NO    YES in the amount of \$\_\_\_\_\_per month.
- c. Do any of the joint children of the parties receive Supplemental Security Income (SSI)?  
 NO    YES in the amount of \$\_\_\_\_\_per month. What is the name of the child Receiving SSI?\_\_\_\_\_

### 19. School

Is Petitioner 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 \_\_\_\_\_.

Is Respondent 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 \_\_\_\_\_.

### 20. Petitioner's Employment

- a. Is Petitioner employed?  YES    NO   Is Petitioner Self-Employed?  YES    NO
- b. Is Petitioner working at least 40 hours per week?  YES    NO

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

- i. Why is Petitioner unemployed or working less than 40 hours/week. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii. What is Petitioner's past work experience (type of jobs, hours, pay, length of time at the job) and what are Petitioner's professional qualifications or licenses? \_\_\_\_\_

---



---



---



---



---

c. **Current Employment:** (If Petitioner has more than two jobs at this time, use an attachment for the additional jobs.)

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

\_\_\_\_\_  
 Employer's Street Address

\_\_\_\_\_  
 City State Zip Code

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

\_\_\_\_\_  
 Employer's Street Address

\_\_\_\_\_  
 City State Zip Code

Questions about Current Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Is Petitioner paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Petitioner works per week?	_____ hours	_____ hours
How much overtime pay does Petitioner receive per week on average?	\$ _____	\$ _____
Does Petitioner receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

**21. Petitioner's Income**

<b>Source of Income</b>	<b>Amount Per Month (or zero) before deductions/taxes</b>
Self Employment Income	\$ _____ per month
Self Employment income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses.	
Job with _____	\$ _____ per month
Monthly income from a job = <u>Hourly wage</u> x <u>Hours worked per week</u> x <u>4.33</u> (weeks per month)	
Second Job with _____	\$ _____ per month
Third Job with _____	\$ _____ per month
Commissions from all jobs	\$ _____ per month
Divide the total amount you expect this year by 12 to get a monthly average	
Unemployment benefits	\$ _____ per month
Social Security Retirement, Survivors or Disability	
Income (RSDI) (do not include SSI)	\$ _____ per month
Investment and Rental Income	\$ _____ per month
Annuity payments	\$ _____ per month
Pension or Disability from work or military	\$ _____ per month
Worker's Compensation	\$ _____ per month
Court-ordered spousal maintenance you receive	\$ _____ per month
Other income _____	\$ _____ per month
Identify Source	

Add all of the above. Total monthly income \$ \_\_\_\_\_ per month

Enter the amount of child support Petitioner is court-ordered to pay for any nonjoint child(ren) \$ \_\_\_\_\_ per month

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

Enter the amount of Social Security or Veteran's Benefits received by a joint child because of Petitioner's retirement, disability, or other eligibility \$ \_\_\_\_\_ per month  
Which parent receives the payment for the child?  
 Petitioner  Respondent

**22. Living Expenses for the Family**

a. Petitioner and Respondent and their children are still living together. Current monthly living expenses for the family total \$ \_\_\_\_\_.

OR

- b. Petitioner and Respondent are living separately. The monthly family living expenses **before** separation totaled \$\_\_\_\_\_. At this time, Petitioner's separate monthly living expenses total \$\_\_\_\_\_, and Respondent's monthly living expenses total \$\_\_\_\_\_ or  are UNKNOWN. Of the total current monthly living expenses for Petitioner, \$\_\_\_\_\_ amount is for expenses just for the children that live with Petitioner. Of the total current monthly living expenses for Respondent, \$\_\_\_\_\_ is for expenses just for the children that live with Respondent, or  this is UNKNOWN.

**23. Expenses for Special Needs for the Children**

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

YES  NO If Yes,

Name of child with special needs: \_\_\_\_\_

Describe the needs: \_\_\_\_\_

\_\_\_\_\_

- b. Does Petitioner's monthly living expense (stated at #22) include the special needs expenses for the child?  YES  NO
- c. Does Respondent's monthly living expense (stated at #22) include the special needs expenses for the child?  YES  NO

**24. Respondent's Employment**

- a. Is Respondent employed?  YES  NO  UNKNOWN
- b. Is Respondent Self-Employed?  YES  NO  UNKNOWN
- c. Is Respondent working at least 40 hours per week?  YES  NO  UNKNOWN

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

- i. Explain why Respondent is not working or why Respondent works less than 40 hours/week \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ii. What is Respondent's past work experience (type of jobs, hours, pay, length of time at the job) and professional qualifications or licenses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. **Current Employment:** (If Respondent has more than two jobs at this time, use an attachment for the additional jobs.)

\_\_\_\_\_  
Name of Respondent's Employer (If Self-Employed list name and business address)

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name of Respondent's Employer (If Self-Employed list name and business address)

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
City State Zip Code

Questions about Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown
What is the average number of hours Respondent works per week?	_____hours <input type="checkbox"/> Unknown	_____hours <input type="checkbox"/> Unknown
How much overtime pay does Respondent receive per week on average?	\$_____ <input type="checkbox"/> Unknown	\$_____ <input type="checkbox"/> Unknown
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, how much did Respondent receive in bonuses last year? \$_____ How much does Respondent expect to receive this year? \$_____	If Yes, how much did Respondent receive in bonuses last year? \$_____ How much does Respondent expect to receive this year? \$_____

**25. Respondent's Income**

Respondent's Sources of Income      Amount Per Month (or zero) **before deductions/taxes**

Self Employment Income      \$\_\_\_\_\_ (or zero)

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

Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Second job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

Commissions from all jobs      \$ \_\_\_\_\_ per month

Divide the total amount expected this year by 12 to get a monthly average

Unemployment benefits \$\_\_\_\_\_ per month  
 Social Security Retirement, Survivors or Disability Income (RSDI)  
     (do not include SSI) \$\_\_\_\_\_ per month  
 Investment and Rental Income \$\_\_\_\_\_ per month  
 Annuity payments \$\_\_\_\_\_ per month  
 Pension or Disability from work or military \$\_\_\_\_\_ per month  
 Worker's Compensation \$\_\_\_\_\_ per month  
 Court-ordered spousal maintenance received  
     by Respondent \$\_\_\_\_\_ per month  
 Other income \_\_\_\_\_ \$\_\_\_\_\_ per month  
     Identify Source

Add all of the above. Total monthly income \$\_\_\_\_\_ per month

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

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

Enter the amount of Social Security or Veteran's Benefits provided to a joint child because  
 of Respondent's retirement, disability, or other eligibility  
 \$\_\_\_\_\_ per month

Which parent receives the payment for the child?  
 Petitioner  Respondent

**OR**

The Court does not have detailed information about Respondent's income, but finds 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**

---



---



---



---



---

**26. Child Care Costs**

Are there child care costs for joint children because of work or school?

YES  NO  UNKNOWN

If YES,

a. How many of the joint children need child care?  One  Two  Three  \_\_\_\_\_

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

c. Who pays the child care costs?

Petitioner pays \$ \_\_\_\_\_ per month

Respondent pays \$ \_\_\_\_\_ per month

The County pays \$ \_\_\_\_\_ per month through a subsidy or child care assistance.

If the County pays, who applied for the child care assistance?

Petitioner  Respondent  There is no county assistance

## 27. Health Care Coverage

a. Who receives Minnesota Care or Medical Assistance?

Petitioner  Respondent  Joint Children  No one

b. Does Petitioner have medical insurance? (other than MN Care or Medical Assistance)

Yes  No. If no, skip to c.

i. Where does Petitioner get the medical insurance?

through his/her employment

buys private medical insurance

ii. How much does the medical insurance cost?

\$ \_\_\_\_\_ per month for single coverage

\$ \_\_\_\_\_ per month for single plus spouse (if this is offered)

\$ \_\_\_\_\_ per month for family coverage

iii. Who is currently covered by this medical insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered \_\_\_\_\_  Nonjoint children

c. Does Petitioner have dental insurance? (other than MN Care or Medical Assistance)

Yes  No. If no, skip to d.

i. Where does Petitioner get the dental insurance?

through his/her employment

buys private dental insurance

ii. How much does the dental insurance cost?

\$ \_\_\_\_\_ per month for single coverage

\$ \_\_\_\_\_ per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

Or,  Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

d. Does Respondent have medical insurance? (other than MN Care or Medical Assistance)

Yes  No  Unknown. If No/ Unknown, skip to e.

i. Where does Respondent get the medical insurance?

through his/her employment

buys private medical insurance

ii. How much does the medical insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

iii. Who is currently covered by this medical insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

e. Does Respondent have dental insurance? (other than MN Care or Medical Assistance)

Yes  No  Unknown If No/ Unknown skip to f.

i. Where does Respondent get the dental insurance?

through his/her employment

buys private dental insurance

ii. How much does the dental insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

Or,  Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

f. If the joint children are without health care coverage, is coverage available for purchase through Petitioner's or Respondent's employer?  YES  NO  The children currently have health coverage

g. Other:\_\_\_\_\_



**28. Spousal Maintenance**

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.

**29. 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
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**30. 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 in a manner satisfactory to Petitioner and Respondent?  YES  NO

If **NO**, Petitioner requests the following marital property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If **NO**, Respondent requests the following marital property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**31. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**32. 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 one spouse alone or owned by both spouses 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 #36.

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Account #</b> Last 4 digits only	<b>Amount</b>	<b>Belongs to:</b> (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.

**33. 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 \$\_\_\_\_\_. This value is based on:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**34. 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 35.

**35. 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

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

c. How many properties are owned by Petitioner and Respondent in total?  
 None  One  Two  Three  \_\_\_\_\_

**If Petitioner or Respondent 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 Decree, and label each sheet "Attachment to Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree 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.

1<sup>st</sup> Mortgage: Amount currently owed \$\_\_\_\_\_ and name of lender\_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed \$\_\_\_\_\_ and name of lender\_\_\_\_\_

Other mortgages or loans:\_\_\_\_\_

6. Current Market Value of this property: \$\_\_\_\_\_

How was this value determined? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. This property is the homestead: \_\_\_\_\_ Yes \_\_\_\_\_ No

**36. Retirement Plans**

a. 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: \_\_\_\_\_

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

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  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: \_\_\_\_\_

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  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: \_\_\_\_\_

**37. Debts**

Does Petitioner have debt?  YES  NO

Does Respondent have debt?  YES  NO  UNKNOWN

If YES, list debts in Petitioner's name, Respondent'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		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Total Debt</b>				<b>\$</b>	<b>\$</b>

**38. Name Change**

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

a. Petitioner'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  
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, has Petitioner given notice of this request for name change to the proper authority as  
required by Minn. Stat. Section 259.13?  YES  NO

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

d. 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: \_\_\_\_\_

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

True  False

f. Has Respondent been convicted of a felony?  YES  NO

If YES, has Respondent given notice of this request for name change to the proper authority as  
required by Minn. Stat. Section 259.13?  YES  NO

### 39. 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. Legal Custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

Granting **legal** custody of each minor joint child of the parties as follows:

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

3. Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren).

Granting **physical** custody of each of the minor joint children of the parties as follows:

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

4. **Parenting Time**

- a. Petitioner's parenting time shall be:  Unsupervised  Supervised  Reserved
- b. Respondent's parenting time shall be:  Unsupervised  Supervised  Reserved
- c. Parenting Time shall be scheduled as follows:

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

**Regular schedule:**

Monday through Friday: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weekends: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer (if you want a different schedule in summer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Exceptions to the Regular Schedule:**

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

School Release days or breaks during the school year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Birthdays (child's birthday, parent's birthday) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Holidays \_\_\_\_\_

---

---

---

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

Other \_\_\_\_\_

---

---

**d. Under the above Schedule:**

The children are with Petitioner:

- less than 10% of the time
- 10-45% of the time
- 45.1-50% of the time
- more than 50% of the time

The children are with Respondent:

- less than 10% of the time
- 10-45% of the time
- 45.1-50% of the time
- more than 50% of the time

**5. Basic Support for the Children**

(Choose a. or b.)

- a.  Petitioner  Respondent shall pay to  Petitioner  Respondent \$ \_\_\_\_\_  
per month starting on (date): \_\_\_\_\_ as the basic support obligation for  
the parties' minor child(ren). Any past due amounts of child support are still owed.

If this amount is more or less than the basic support obligation under Minnesota laws, the facts supporting  
the deviation from the basic amount are: \_\_\_\_\_

---

---

---

The monthly amount shall be:

subject to income withholding from the payor's income, regardless of source, by his or  
her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support  
Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying child  
support is self-employed, send payments to Minnesota Child Support Payment Center,  
P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or  
Respondent must apply for IV-D services or income withholding-only services at the  
Child Support office in the County where the children live.** Until income withholding  
starts, the person owing support shall pay the other parent directly.

**OR**

The monthly amount shall be paid directly by the parent owing the child support to the

parent receiving the child support, payable on the \_\_\_\_\_ day of each month.

- b. Child Support shall be reserved because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Either party can ask the court to order the payment of child support in the future by filing a Motion stating that there is a change in circumstances.

## 6. Medical and Dental Insurance for the Minor Children

Ordering Medical insurance as follows:

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

**OR**

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

**OR**

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

**OR**

- d. Reserving the issue of medical insurance for the minor children.

Ordering **Dental** Insurance as follows:

- i.  Petitioner  Respondent shall provide **dental** insurance for the minor child(ren) through his/her **employer or union**. The other parent must pay a pro rata share

of the dental coverage costs by paying \_\_\_\_\_  
\_\_\_\_\_ OR  pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

**OR**

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

**OR**

iii. **Reserving** the issue of dental insurance.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

#### 7. **Uninsured and Unreimbursed Medical and Dental Expenses for the Children**

a. Petitioner shall pay \_\_\_\_\_ % of the uninsured and/or unreimbursed medical and dental costs for the minor child(ren) of the parties, and Respondent shall pay \_\_\_\_\_ % based on the percentage share of combined PICS (parental income for determining child support.)

**OR**

b. Reserving the issue of uninsured and unreimbursed medical and dental costs.

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance. Usually the parent with physical custody of the child will receive and pay the bill for the unreimbursed costs.

The parent who paid the bill must ask the other parent to pay his/her percentage share. To ask for payment, send to the other parent a) a copy of the bill, b) evidence that you have paid the bill, and c) a letter requesting payment to you in the amount of \$\_\_\_\_. This request for payment should be made promptly, and no later than 3 months after the bill is paid. If a request for payment is made after 3 months, there must be exceptional circumstances to support the late request for payment.

The person receiving the request for payment shall make the payment within 30 days. If there is a good reason to question the payment, send a letter to the other parent stating what additional information is needed, or why payment is disputed. If neither payment nor a written letter disputing payment is sent

within 30 days of receiving the request for payment, then the unpaid bill can be considered back due child support.

If the parents are not able to work out payment problems, either parent can bring a motion in Court asking the Court to decide the dispute, or asking the Court to adjust how they divide the bills, based on changes in the incomes of the parents.

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

- a. Each party shall 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.

**9. Child Care Expenses**

- a. Petitioner shall pay \$ \_\_\_\_\_ per month for child care expenses, and Respondent shall pay \$ \_\_\_\_\_ per month for child care expenses; **OR**
- b. Reserving the issue of child care expenses.

**10. 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.

**11. Vehicles**

The vehicles are awarded as follows, and the party receiving the vehicle shall pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

**12. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**14. 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: \_\_\_\_\_

**15. Business**

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

**16. 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.

**17. 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:

1<sup>st</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_  
\_\_\_\_\_

and subject to the following liens or other conditions or agreements:

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

Other conditions or agreements about the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**18. 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: \_\_\_\_\_,

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:

1<sup>st</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_

and subject to the following liens or other conditions or agreements:

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

Other conditions or agreements about the property: \_\_\_\_\_

**19. Retirement Funds**

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

100% to Petitioner **OR**

Other (describe fully): \_\_\_\_\_

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

100% to Respondent **OR**

Other (describe fully): \_\_\_\_\_

**20. Debts**

a. The debts are divided as follows. The person ordered to pay a debt shall hold the other person harmless from any responsibility for the debt.

Debt Owed To:	To Be Paid By:


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

**21. 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

**22. Paternity Questions**

Check only if applicable:

The Husband does not have a parent – child relationship with a child or children named: \_\_\_\_\_, born to Wife during the marriage, and Husband is not the father.

The issue of paternity of the unborn child of Wife is reserved.

**23. Other:** \_\_\_\_\_  
 \_\_\_\_\_

**24.** 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 herein.

**25.** Petitioner shall personally serve Respondent with a copy of the Judgment and Decree by having someone else (the server) hand a copy to Respondent. The server's Affidavit of Personal Service,

filed with the Court by Petitioner, will be proof of service. If Respondent agreed in a Marital Termination Agreement to be served with a copy of the Judgment and Decree by mail, then Petitioner may serve Respondent with a copy of the Judgment and Decree by having someone else mail the copy to Respondent by first class U. S. mail at Respondent's residence or last known address. The server's Affidavit of Service by Mail, filed with the Court by Petitioner, will be proof of service. This shall constitute due and proper service of the Decree.

**26. 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 Maintenance and Child Support pursuant to Minnesota Statutes § 518A.53; Change of Address or Residence; Cost of Living Increase of Maintenance and Child Support pursuant to Minnesota Statutes § 518A.75; Judgments for Unpaid Maintenance and Child Support pursuant to Minnesota Statutes § 548.091; Medical Insurance and Expenses pursuant to Minnesota Statutes § 518A.41; and Minnesota Statutes § 259.115 regarding criminal penalties for failure to comply with felon name change law.

**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: \_\_\_\_\_