

**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

**Answer and Counter-Petition for  
Dissolution of Marriage with Children**

\_\_\_\_\_  
Name of Respondent (first, middle, last)

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_ ) SS  
(County where Answer 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: \_\_\_\_\_

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



Date of Birth: \_\_\_\_\_  
Month Day Year

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

\_\_\_\_\_  
First Middle Last  
\_\_\_\_\_  
First Middle Last

**3. Our Marriage**

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

**4. 180 Day Requirement**

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

**5. Armed Forces**

Is Petitioner an active duty member of the armed forces? YES NO  
**If YES**, has Petitioner been stationed in Minnesota for the past six (6) months? YES NO  
  
Is Respondent an active duty member of the armed forces? YES NO  
**If YES**, has Respondent been stationed in Minnesota for the past six (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 \_\_\_\_\_.

A copy of the Support Order is attached to this form, or was attached to the Petition, or the case is  Dismissed  Pending.

**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 \_\_\_\_\_.

A copy of the Order is attached to this form or was attached to the Petition.

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 the joint child(ren) of Petitioner and Respondent 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)**

"Child" means a living person under age 18, or under age 20 and still in high school.

- 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.

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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:



**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

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 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

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 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    Unknown

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        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 \_\_\_\_\_.

**20. Petitioner's Employment**

a. Is Petitioner employed?    YES        NO        Unknown

Is Petitioner Self-Employed?    YES        NO        Unknown

b. Is Petitioner working at least 40 hours per week?        YES        NO        Unknown

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. \_\_\_\_\_

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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? \_\_\_\_\_

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

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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"/> Unknown	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Petitioner works per week?	_____ hours <input type="checkbox"/> Unknown	_____ hours
How much overtime pay does Petitioner receive per week on average?	\$_____ <input type="checkbox"/> Unknown	\$_____
Does Petitioner receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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

- Respondent's only information about Petitioner's income is the information in the Petition. Respondent does not know if this information is true and complete. 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.)

**Source of Income** **Amount Per Month (or zero) before deductions/taxes**

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 =  $\frac{\text{Hourly wage} \times \text{Hours worked per week} \times 4.33}{\text{weeks per month}}$

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 \$\_\_\_\_\_, or are  Unknown and Respondent's monthly living expenses total \$\_\_\_\_\_. Of the total current monthly living expenses for Petitioner, \$\_\_\_\_\_ amount is for expenses just for the children that live with Petitioner, or this is  Unknown. Of the total current monthly living expenses for Respondent, \$\_\_\_\_\_ is for expenses just for the children that live with Respondent.

**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 Unknown

- 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

Is Respondent Self-Employed? YES NO

- b. Is Respondent working at least 40 hours per week? YES NO

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? \_\_\_\_\_

\_\_\_\_\_

c. **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

<b>Questions about Jobs</b>	<b>1<sup>st</sup> Job</b>	<b>2<sup>nd</sup> Job</b>
Is Respondent 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 Respondent works per week?	_____ hours	_____ hours
How much overtime pay does Respondent receive per week on average?	\$ _____	\$ _____
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	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**

<b>Source of Income</b>	<b>Amount Per Month (or zero) before deductions/taxes</b>
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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 = Hourly wage x Hours worked per week x 4.33 (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 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 received by a joint child because of Respondent's retirement, disability, or other eligibility \$ \_\_\_\_\_ per month

Which parent receives the payment for the child?

Petitioner  Respondent

**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 Unknown

If no or unknown, 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 Unknown

If no or unknown, 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 If No, 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 If No, 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**

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

**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    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
			\$	\$	\$
			\$	\$	\$

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

**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    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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**32. 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 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.

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 \$\_\_\_\_\_  Unknown

Respondent has cash in the amount of \$\_\_\_\_\_

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

**34. 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 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 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 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 Answer and Counter-Petition and label each sheet "Attachment to Answer and Counter-Petition 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 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: \_\_\_\_\_





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, 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

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**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. **Legal Custody:** 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 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:** Physical custody identifies which parent(s) will handle the routine daily care and control of the children.

Granting **physical** custody of each of the minor 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 Schedule shall be 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. Child Support**

Ordering the payment of child support based on each parent's income. If either parent fails to provide income information, the court will set child support based on the available evidence and Minnesota law.

**6. Health Care Coverage for the Joint Children**

Choose a, b, or c.

- a.  Petitioner  Respondent shall provide medical insurance for the joint minor child(ren):
  - through his/her employer or union **OR**
  - by obtaining and paying for private insurance.
- Petitioner  Respondent shall provide dental insurance for the joint minor child(ren):
  - through his/her employer or union **OR**
  - by obtaining and paying for private insurance.

The other parent must contribute to the costs of health coverage as required by law.

**OR**

- b. If Medical Assistance or Minnesota Care is open for the child(ren), ordering the non-custodial parent to make a sum certain payment as reimbursement through income withholding through the Minnesota Child Support Payment Center.

**OR**

- c. Reserving the issue of medical and dental insurance for the minor children.
- d. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**7. Unreimbursed Medical and Dental Costs for the Children**

"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. Choose a. or b.

- a. Ordering each parent to pay a share of the unreimbursed medical and dental costs for the child(ren) of the parties, based on the relative incomes of the parties; **OR**
- b. Reserving the issue of unreimbursed medical and dental costs.

**8. 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.

9. **Child Care Expenses**

- a. Ordering Petitioner and Respondent to each pay a share of the monthly child care expenses, according to Minnesota law; **OR**
- b. Reserving the issue of child care expenses.

10. **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.

11. **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:

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**14. Cash and Accounts**

a. Awarding the savings and investments as follows:

<b>Institution</b>	<b>Type of Account</b>	<b>Account #</b> (Last 4 digits only)	<b>Amount</b>	<b>Awarded to</b>
		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 agreements:

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

Other request regarding the property: (describe the request fully) \_\_\_\_\_

\_\_\_\_\_

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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:

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 agreements:

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

Other request regarding the property: (describe the request fully) \_\_\_\_\_

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19. **Retirement Funds**

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





