

**State of Minnesota**

**District Court**

County of: \_\_\_\_\_

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

**In Re the Marriage of:**

\_\_\_\_\_  
Name of Petitioner (first, middle, last)  
and

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

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

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 dates: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_.

E. Petitioner was served with an *Answer and Counterpetition*:  YES  NO  
IF YES, Petitioner was served with the *Answer and Counterpetition* on \_\_\_\_\_  
Month Day Year

F.  Respondent did not respond, so Petitioner proceeded by default.  
(Note: If the parties reached an agreement, use the *Stipulated Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree.*)

### Findings of Fact

#### 1. Information about the Petitioner

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

Address where you live: \_\_\_\_\_  
Street Address Apt. No.

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

Mailing address:  Same as above address OR

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

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

Date of Birth: \_\_\_\_\_

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

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

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

Petitioner's social security number is listed on Confidential Form 11.1 and submitted along with the Petition.

## 2. Information about the Respondent

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

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

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

Respondent's address is unknown to Petitioner.

Respondent's Date of Birth: \_\_\_\_\_

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 \_\_\_\_\_, Country of \_\_\_\_\_.

## 4. 180 Day Requirement

- a. Has Petitioner been living in Minnesota for the past six (6) months?     YES     NO
- b. Has Respondent been living in Minnesota for the past six (6) months?     YES     NO     UNKNOWN
- c. Petitioner and Respondent were married in Minnesota, but neither Petitioner nor Respondent reside in Minnesota, nor reside in a jurisdiction that will allow us to maintain an action for dissolution because of the sex or sexual orientation of the Petitioner and Respondent.     YES     NO

## 5. Armed Forces

- a. 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

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

**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**

a. Do the Petitioner and Respondent live together at this time?  YES  NO

**IF NO**, the date we separated was: \_\_\_\_\_

**IF YES**, Petitioner and Respondent are living together because:

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

**8. Other Proceedings**

a. A separate court case for marriage dissolution, legal separation, or annulment has already been started by Petitioner or Respondent in Minnesota or elsewhere?  YES  NO

If YES, the type of court case is \_\_\_\_\_,  
and it was started in \_\_\_\_\_ County,  
in the State of \_\_\_\_\_, and the court file number is \_\_\_\_\_,  
and the status or outcome of the case is:  Open  Closed  I do not know

**9. Protection or Harassment Order**

a. An *Order for Protection* or a *Harassment/Restraining Order* is in effect regarding Petitioner and Respondent?  YES  NO

**IF YES**, the Order protects:  Petitioner  Respondent and the Order was filed in \_\_\_\_\_ County, in the State of \_\_\_\_\_ on \_\_\_\_\_ date, and the court file number is \_\_\_\_\_.

**A copy of the Order must be submitted with this Petition.**

**10. Children**

"Minor" children are under age 18, or under age 20 and still in high school.

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

If YES, you are using the wrong form.

b. Do Petitioner and Respondent have any adult dependent children who are not able to support themselves because of a physical or mental condition?  YES  NO

c. Has either Petitioner or Respondent given birth during the marriage to a child who is not a child of the other spouse?  YES  NO

If you answered no to C, skip to D. If Yes, continue below:

i. Fill in the information for all children born during the marriage who are not biological children of both spouses.

Full Name of Child	Date of Birth	Age	Birth Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ii. Is there a court order naming someone other than the spouse as the father of the children listed in (i)?  YES  NO

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

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

If YES, state the full name of the child: \_\_\_\_\_

and submit with the Petition a **certified copy of the Recognition of Parentage.**

iv. Has a "Spouse's Non-Parentage Statement" for any of the children listed at (i) above been signed?  YES  NO

If YES, state the full name of the child: \_\_\_\_\_

and submit with the Petition a **certified copy of the "Spouse's Non-Parentage Statement"**..

**STOP:** For each minor child listed at c.(i) you must have a court order **OR** the Recognition of Parentage **and** Non-Parentage Statement to use the Dissolution Without Children forms. Otherwise, use the Marriage Dissolution with Children forms.

d. Is either spouse pregnant?  YES  NO  UNKNOWN

### 11. Public Assistance from the State of Minnesota

Note: 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 for the assistance. See Minn. Stat. § 518A.44

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  Tribal TANF  General Assistance  
 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  Tribal TANF  General Assistance  
 Child Care Assistance  MinnesotaCare  Medical Assistance

### 12. Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a Federal income supplement program. It is available to low-income people if they are over age 65, or blind or disabled.

a. Does Petitioner receive Supplemental Security Income (SSI)?  YES  NO

IF YES, in the amount of \_\_\_\_\_ per month.

b. Does Respondent receive Supplemental Security Income (SSI)?  YES  NO  UNKNOWN

IF YES, in the amount of \_\_\_\_\_ per month.

### 13. Petitioner's Employment

a. Is Petitioner employed?  YES  NO

b. Is Petitioner self-employed?  YES  NO

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)

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Address

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

#### 14. Petitioner's Gross Income

**NOTE:** This question asks for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

If you do not have income in a category, enter zero (0). Do not list public assistance benefits as income (e.g., MFIP, GA, SSI).

Source of Income	Amount Per Month (or zero) before deductions/taxes
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Self Employment Income	_____ per month.
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If you are **self employed**, calculate your net monthly revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition.

Income from all jobs	_____ per month.
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Your monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Commissions from all jobs	_____ per month.
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Unemployment benefits	_____ per month.
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Social Security Retirement, Survivors or Disability Income (RSDI) (do not include SSI)	_____ per month.
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Investment and Rental Income	_____ per month.
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Annuity Payments	_____ per month.
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Pension or Disability from work or military	_____ per month.
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Worker's Compensation	_____ per month.
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Court-ordered spousal maintenance you receive	_____ per month.
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Other \_\_\_\_\_ per month.

Add all of the above: Total **gross** monthly income \_\_\_\_\_ per month.

Does Petitioner receive child support payments?  YES  NO

If YES, Petitioner receives child support payments from \_\_\_\_\_

(name(s) of payors) in the total amount of \_\_\_\_\_ per month.

### 15. Respondent's Employment

a. Is Respondent employed?  YES  NO  UNKNOWN

b. Is Respondent self-employed?  YES  NO  UNKNOWN

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)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Name of Respondent's Employer (If self-employed, list name and business address)

\_\_\_\_\_  
Address

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

### 16. Respondent's Gross Income



- a. Petitioner has no information about the Respondent's income **OR**
- b. Petitioner does not have detailed information about Respondent's income, but has good reason to believe that Respondent's pay is \_\_\_\_\_ per
  - week  month  year, with bonuses, overtime or
  - 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**
- c. Petitioner has detailed information about Respondent's income. If this is true, fill out the income information below.

**NOTE:** This question asks for monthly income. If Respondent is paid weekly, multiply your weekly income by 4.33 to get monthly income. If they are paid every two weeks, multiply by 2.17 to get monthly income. If they are paid twice a month, multiply by 2.

If Respondent has no income in a category, enter zero (0). Do not list public assistance benefits as income (e.g., MFIP, GA, SSI).

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

Self Employment Income \_\_\_\_\_ per month.

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

Job with \_\_\_\_\_ per month.

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

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

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 \_\_\_\_\_ per month.

Add all of the above:                     Total monthly income                     per month.

Does Respondent receive child support payments?      YES    NO

If YES, Respondent receives child support payments from \_\_\_\_\_

(names of payors) in the total amount of \_\_\_\_\_ per month.

**17. Health Care Coverage (Health Care Coverage does not include MinnesotaCare or Medical Assistance)**

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

Medical:    YES    NO     Dental:    YES    NO

If YES, this medical insurance covers:    Petitioner    Respondent

and this dental insurance covers:          Petitioner    Respondent

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

Medical:    YES    NO    UNKNOWN

Dental:     YES    NO    UNKNOWN

If YES, this medical insurance covers:    Petitioner    Respondent

and this dental insurance covers:          Petitioner    Respondent

c. Does Petitioner receive Medical Assistance or MinnesotaCare through the state of Minnesota?      YES    NO

d. Does Respondent receive Medical Assistance or MinnesotaCare through the state of Minnesota?      YES    NO    UNKNOWN

**18. Spousal Maintenance**

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

**Check only one option:**

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.

Respondent needs spousal maintenance from Petitioner now.

Explain why spousal maintenance should be reserved:

\_\_\_\_\_  
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 living established of during the marriage because:

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

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

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 living established of during the marriage because:

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

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

**19. Vehicles**

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles owned by Petitioner or Respondent 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 Petitioner or Respondent together or separately:

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

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**20. Marital Property**

Marital property means anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already to the Petitioner's satisfaction?       YES     NO

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

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**21. Non-Marital Property**

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court, or (6) anything defined as non-marital property by a valid antenuptial contract.

a. Does Petitioner have non-marital property?       YES     NO

If Yes, list Petitioner's non-marital property:

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b. Does Respondent have non-marital property?       YES     NO     UNKNOWN

If Yes, list Respondent's non-marital property:

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**22. Cash & Accounts - Not including Pension and Employer-Funded Retirement Accounts**

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

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

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc. Use Confidential Information Form 11.1 (CON111) to list Financial Institution name, account holder name(s), and account numbers.

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

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Amount</b>	<b>Belongs to: (name on account)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. List cash not listed at a.:

Petitioner has cash in the amount of: \_\_\_\_\_

Respondent has cash in the amount of: \_\_\_\_\_ OR  UNKNOWN

**23. Business Interest**

Does Petitioner have an interest in a business?  YES  NO

a. If YES, the name of the business is \_\_\_\_\_

the address is \_\_\_\_\_

and the value is \_\_\_\_\_ How did you arrive at this value?

\_\_\_\_\_

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

b. If YES, the name of the business is \_\_\_\_\_

the address is \_\_\_\_\_

and the value is \_\_\_\_\_ How did you arrive at this value?

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**24. Manufactured Home**

Does Petitioner have a manufactured home?       YES     NO

Does Respondent have 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 this value?

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h. How much money is still owed on the home? \_\_\_\_\_

i. If money is owed on the home, who is the money owed to? \_\_\_\_\_

j. Do you own the land the home sits on, or do you rent a lot?  Rent  Own

Note: If you own the lot, you must list the land at Paragraph 25.

**25. Real Property - Land, Buildings, Contracts for Deed**

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage and after separation.

- a. Do Petitioner and Respondent jointly own real property?  YES  NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent?  YES  NO
- c. Does Respondent own real property solely in his/her own name or with someone other than the Petitioner?  YES  NO  UNKNOWN
- d. How many properties are owned by you and your spouse in total?

(If you or your spouse do not own any property, answer this question and skip to #26)

None  One  Two  Three  \_\_\_\_\_

**If you or your spouse own real property, separately or together**, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Findings of Fact and label each sheet "Attachment to Findings of Fact of "

### Real Property Information

1. Real Estate belongs to: (List full names of all owners)

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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.)

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3. Street address of the real property is \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The property is in \_\_\_\_\_ County.

4. Purchase Date (month, day , year) \_\_\_\_\_ and purchase price: \_\_\_\_\_

5. Mortgages or loans: (List all mortgages and loans on the property)

There are no mortgages or loans on this property.

1st Mortgage:     Amount currently owed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

2nd Mortgage:     Amount currently owed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

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

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

How did you arrive at this value?

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7. This property is the homestead:  YES  NO

Real Property #2 Information

1. Real Estate belongs to: (List full names of all owners)

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2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street address of the real property is \_\_\_\_\_

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

The property is in \_\_\_\_\_ County.

4. Purchase Date (month, day , year) \_\_\_\_\_ and purchase price: \_\_\_\_\_

5. Mortgages or loans: (List all mortgages and loans on the property)

There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

2nd Mortgage: Amount currently owed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

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

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

How did you arrive at this value?

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7. This property is the homestead:  YES  NO

## 26. Retirement Plans

a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)  YES  NO

The name of the Financial Institution, account holder name, and account number is listed on the Confidential Information Form 11.1 (CON111).

The current 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:

i. The name of the plan is: \_\_\_\_\_

ii. The employer, union, or group providing the plan is: \_\_\_\_\_

iii. The date the Petitioner began working at the job, or joined the union or group plan is: \_\_\_\_\_

iv. The type of plan is (e.g. defined benefit, defined contribution) \_\_\_\_\_

v. 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

The name of the Financial Institution, account holder name, and account number is listed on the Confidential Information Form 11.1 (CON111).

The current 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:

i. The name of the plan is: \_\_\_\_\_

ii. The employer, union, or group providing the plan is: \_\_\_\_\_

iii. The date the Respondent began working at the job, or joined the union or group plan is: \_\_\_\_\_

iv. The type of plan is (e.g. defined benefit, defined contribution) \_\_\_\_\_

v. The present value of the pension or plan is: \_\_\_\_\_

**27. Debts**

Does Petitioner have debt?  YES  NO

Does Respondent have debt?  YES  NO  UNKNOWN

if YES, list debts in your name, your spouse's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation. Fill in all information completely and attach another sheet of paper if necessary.

<b>Money is owed to:</b>	<b>Money was used for:</b>	<b>Whose Name is on Account and when was Debt incurred?</b> Name                      Date	<b>Balance Owed</b>	<b>Monthly Payment</b>
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<b>Total Debt</b>				

**28. Name Change**

- a. Neither person wants to change his/her name.
- b. Petitioner wants to change his/her name to: *(full name, not initials)*

Petitioner's name should be changed to:

\_\_\_\_\_

*First*                                      *Middle*                                      *Last*

1. This name change request is made with no intent to defraud or mislead anyone:  True  False

2. The person requesting the name change has been convicted of a felony.  YES  NO

If YES:

- i. Notice of this request for name change has been given to the proper authority as required by Minn. Stat. § 259.13. (IMPORTANT NOTICE: If you are a convicted felon and you request a name change without following the requirements of Minn. Stat. § 259.13, using the new last name after your divorce is a gross misdemeanor)
- ii. An *Affidavit of Service of the Notice* marked Exhibit "A" has been submitted along with this Stipulated Findings of Fact, Conclusions of Law, Order for Judgement, Judgement and Decree.

c. Respondent wants to change his/her name to: *(full name, not initials)*

Respondent's name should be changed to:

<i>First</i>	<i>Middle</i>	<i>Last</i>
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- 1. This name change request is made with no intent to defraud or mislead anyone:  True  False
- 2. The person requesting the name change has been convicted of a felony.  YES  NO

**29. Other (Include other facts you think the Court should know.)**

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**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. Health Care Coverage for the Parties**

- a. Ordering each party to provide for his or her own  dental  medical insurance.
- b. Ordering \_\_\_\_\_ (full name)  
to provide  medical  dental insurance for  
\_\_\_\_\_ (full name)
- c. Allowing \_\_\_\_\_ (full name),

at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.

- d. Reserving the issue of medical and dental insurance for the parties.

**3. Spousal Maintenance**

- a. Neither party is awarded spousal maintenance.
- b. Maintenance is reserved because:

\_\_\_\_\_ Either party can ask the court to order the payment of spousal maintenance in the future by filing a Motion stating a change in circumstances.

- c.  Petitioner  Respondent shall pay **permanent** spousal maintenance to the other party in the amount of \_\_\_\_\_ per month starting on (date): \_\_\_\_\_ Any past due amounts are still owed.

- d.  Petitioner  Respondent shall pay **temporary** spousal maintenance to the other party in the amount of \_\_\_\_\_ per month starting on (date): \_\_\_\_\_ and ending: \_\_\_\_\_ Any past due amounts are still owed.

**The monthly amount of permanent or temporary spousal maintenance shall be:**

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

**OR**

- maintenance shall be paid directly by the spouse owing the maintenance to the spouse receiving it, payable on the \_\_\_\_\_ day of each month.

**4. Vehicles**

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

<u>Year / Make / Model</u>	<u>Awarded To:</u>


**5. Marital Property**

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

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

To Petitioner:

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To Respondent:

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**6. Non-Marital Property**

Dividing the parties' non-marital property

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

To Petitioner:

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To Respondent:

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**7. Cash and Accounts**

a. Awarding the savings, and investments as follows:

Institution	Type of Account	Amount	Awarded to

b.  Awarding any cash not included in a. above to the party who currently has the cash  
OR

c.  Awarding cash as follows:

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**8. Business**

None **OR**

Awarding the parties' **business** as follows:

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**9. Manufactured Home**

None **OR**

Awarding the manufactured home located at:

\_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_ State

to  Petitioner  Respondent. The debt on the manufactured home owed to:

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shall be paid by  Petitioner  Respondent.

**10. Real Property**

None **OR**

Awarding solely to  Petitioner  Respondent all right, title, and interest of

Petitioner and Respondent in the real property located at:

Street address \_\_\_\_\_

in the City of \_\_\_\_\_, County of \_\_\_\_\_

State of \_\_\_\_\_, which has the following legal description:

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

with the following mortgages and loans to be paid, after the divorce is final by,

Petitioner  Respondent:

1st Mortgage: Amount currently owed: \_\_\_\_\_ and name of lender:

\_\_\_\_\_  
2nd Mortgage: Amount currently owed: \_\_\_\_\_ and name of lender:

and subject to the following liens or other agreements:

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

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

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

**11. Additional Real Property**

None **OR**

Awarding solely to  Petitioner  Respondent all right, title, and interest of

Petitioner and Respondent in the real property located at:

Street address \_\_\_\_\_

in the City of \_\_\_\_\_, County of \_\_\_\_\_

State of \_\_\_\_\_



, which has the following legal description:

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with the following mortgages and loans to be paid, after the divorce is final by,

Petitioner  Respondent:

1st Mortgage: Amount currently owed: \_\_\_\_\_ and name of lender:

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2nd Mortgage: Amount currently owed: \_\_\_\_\_ and name of lender:

and subject to the following liens or other agreements:

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

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

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## 12. Retirement Funds

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

Petitioner has no retirement funds **OR**

100% to Petitioner **OR**

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

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

Respondent has no retirement funds **OR**

100% to Respondent **OR**

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

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**13. Debts**

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

Debt Owed To:	To Be Paid By:

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

**14. Name Change**

Neither party is requesting a name change; **OR**

Changing Petitioner's name to:

\_\_\_\_\_

                    First  Middle  Last

Changing Respondent's name to:

\_\_\_\_\_

                    First  Middle  Last

**15. Other**

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16. Each party shall execute any and all documents necessary to transfer real and personal property as awarded herein without further order of the Court. Should either party fail to execute the necessary documents, a certified copy of the Judgment and Decree shall operate to transfer title as awarded herein.
17. Petitioner shall personally serve Respondent with a copy of th *Judgment and Decree* by having a third party (the server), age 18 or older, hand a copy of the *Judgment and Decree* to Respondent. The server's *Affidavit of Service*, filed with the Court by Petitioner, will be proof of service.

**NOTICE: APPENDIX A SHALL BE INCORPORATED AND MADE A PART OF THE JUDGMENT AND DECREE.** Appendix A contains provisions regarding Payments to Public Agency, Minnesota Statutes § 518A.50; Depriving Another of Custodial or Parental Rights-A Felony, Minnesota Statutes § 609.26; Rules of Support, Maintenance, Parenting Time; Parental Rights from Minnesota Statutes § 518.17, subdivision 3; Wage and Income Deduction of Maintenance and Child Support pursuant to, Minnesota Statutes § 518A.53; Change of Address or Residence; Cost of Living Increase of Maintenance and 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 Court Administrator

Dated: \_\_\_\_\_

## APPENDIX A

### NOTICE IS HEREBY GIVEN TO THE PARTIES:

**I. PAYMENTS TO PUBLIC AGENCY.** According to Minnesota Statutes, section 518A.50, payments ordered for maintenance and support must be paid to the Minnesota child support payment center as long as the person entitled to receive the payments is receiving or has applied for public assistance or has applied for support and maintenance collection services. Parents mail payments to: P.O. Box 64326, St. Paul, MN 55164-0326. Employers mail payments to: P.O. Box 64306, St. Paul, MN 55164.

**II. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY.** A person may be charged with a felony who conceals a minor child or takes, obtains, retains, or fails to return a minor child from or to the child's parent (or person with custodial or parenting time rights), according to Minnesota Statutes, section 609.26. A copy of that section is available from any court administrator.

**III. NONSUPPORT OF A SPOUSE OR CHILD – CRIMINAL PENALTIES.** A person who fails to pay court ordered child support or maintenance may be charged with a crime, which may include misdemeanor, gross misdemeanor, or felony charges, according to Minnesota Statutes, section 609.375. A copy of that section is available from any district court clerk.

### **IV. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME.**

- A. Payment of support or spousal maintenance is to be as ordered, and the giving of gifts or making purchases of food, clothing, and the like will not fulfill the obligation.
- B. Payment of support must be made as it becomes due, and failure to secure or denial of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek relief through a proper motion filed with the court.
- C. Nonpayment of support is not grounds to deny parenting time. The party entitled to receive support may apply for support and collection services, file a contempt motion, or obtain a judgment as provided in Minnesota Statutes, section 548.091.
- D. The payment of support or spousal maintenance takes priority over payment of debts and other obligations.
- E. A party who accepts additional obligations of support does so with the full knowledge of the party's prior obligation under this proceeding.
- F. Child support or maintenance is based on annual income, and it is the responsibility of a person with seasonal employment to budget income so that payments are made throughout the year as ordered.
- G. *A Parental Guide to Marking Child-Focused Parenting Time Decisions* is available from any court administrator.
- H. The nonpayment of support may be enforced through the denial of student grants; interception of state and federal tax refunds; suspension of driver's, recreational, and occupational licenses; referral to the department of revenue or private collection agencies; seizure of assets, including bank accounts and other assets held by financial institutions; reporting to credit bureaus; income withholding, and contempt proceedings; and other enforcement methods allowed by law.

- I. The public authority may suspend or resume collection of the amount allocated for child care expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision 4, are met.
- J. The public authority may remove or resume a medical support offset if the conditions of section 518A.41, subdivision 16, are met.

**V. MODIFYING CHILD SUPPORT.** If either the obligor or obligee is laid off from employment or receives a pay reduction, child support may be modified, increased, or decreased. Any modification will only take effect when it is ordered by the court, and will only relate back to the time that a motion is filed. Either the obligor or obligee may file a motion to modify child support, and may request the public agency for help. **UNTIL A MOTION IS FILED, THE CHILD SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.**

**VI. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, SUBDIVISION 3. UNLESS OTHERWISE PROVIDED BY THE COURT:**

- A. Each party has the right of access to, and to receive copies of, school, medical, dental, religious training, police reports, and other important records and information about the minor children. Each party has the right of access to information regarding health or dental insurance available to the minor children. Presentation of a copy of this order to the custodian of a record or other information about the minor children constitutes sufficient authorization for the release of the record or information to the requesting party.
- B. Each party has the right to be informed by the other party as to the name and address of the school of attendance of the minor children. Each party has the right to be informed by school officials about the children's welfare, educational progress and status, and to attend school and parent teacher conferences. The school is not required to hold a separate conference for each party.
- C. Each party has the right to be notified by the other party of an accident or serious illness of a minor child, including the name of the health care provider and the place of treatment.
- D. Each party has the right to be notified by the other party if the minor child is the victim of an alleged crime, including the name of the investigating law enforcement officer or agency. There is no duty to notify if the party to be notified is the alleged perpetrator.
- E. Each party has the right of reasonable access and telephone contact with the minor children.

**VII. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE.** Child support and / or spousal maintenance may be withheld from income, with or without notice to the person obligated to pay, when the conditions of Minnesota Statutes, section 518A.53, have been met. A copy of that section is available from any court administrator.

**VIII. CHANGE OF ADDRESS OR RESIDENCE.** Unless otherwise ordered, each party shall notify the other party, the court, and the public authority responsible for collection, if applicable, of the following information within ten days of any change: residential and mailing

address, telephone number, driver's license number, social security number, and name, address, and telephone number of the employer.

**IX. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE.** Basic support and / or spousal maintenance may be adjusted every two years based upon a change in the cost of living (using the U.S. Department of Labor, Bureau of Labor Statistics, consumer price index Mpls. St. Paul, for all urban consumers (CPI-U), unless otherwise specified in this order) when the conditions of Minnesota Statutes, section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota Statutes, section 518A.75, and forms necessary to request or contest a cost of living increase are available from any court administrator.

**X. JUDGMENTS FOR UNPAID SUPPORT.** If a person fails to make a child support payment, the payment owed becomes a judgment against the person responsible to make the payment by operation of law on or after the date the payment is due, and the person entitled to receive the payment or the public agency may obtain entry and docketing of the judgment without notice to the person responsible to make the payment.

**XI. JUDGMENTS FOR UNPAID MAINTENANCE.**

- A. A judgment for unpaid spousal maintenance may be entered and docketed when the conditions of Minnesota Statutes, section 548.091, are met. A copy of that section is available from any court administrator.
- B. The public authority is not responsible for calculating interest in any judgment for unpaid spousal maintenance. When providing services in IV-D cases, as defined by Minnesota Statutes, section 518A.26, subdivision 10, the public authority will only collect interest on spousal maintenance if spousal maintenance is reduced to a sum certain judgment.

**XII. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD SUPPORT.** A judgment for attorney fees and other collection costs incurred in enforcing a child support order will be entered against the person responsible to pay support when the conditions of Minnesota Statutes, section 518A.735, are met. A copy of that section and forms necessary to request or contest these attorney fees and collection costs are available from any court administrator.

**XIII. PARENTING TIME EXPEDITOR PROCESS.** On request of either party or on its own motion, the court may appoint a parenting time expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751. A copy of that section and a description of the expeditor process is available from any court administrator.

**XIV. PARENTING TIME REMEDIES AND PENALTIES.** Remedies and penalties for wrongful denial of parenting time are available under Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of that subdivision and forms for requesting relief are available from any court administrator.

**In addition to the Notices on the pages above, the following NOTICE applies to all orders addressing custody pursuant to Minn. Stat. § 518.17, subd. 3a.**

**NOTICE**

**EACH PARTY IS GRANTED THE FOLLOWING RIGHTS:**

1. Right of access to, and to receive copies of, school, medical, dental, religious training, police reports, and other important records and information about the minor children.
2. Right of access to information regarding health or dental insurance available to the minor children.
3. Right to be informed by the other party as to the name and address of the school of attendance of the minor children.
4. Right to be informed by school officials about the children's welfare, educational progress and status, and to attend school and parent-teacher conferences. The school is not required to hold a separate conference for each party, unless attending the same conference would result in violation of a court order prohibiting contact with a party.
5. Right to be notified by the other party of an accident or serious illness of a minor child, including the name of the health care provider and the place of treatment.
6. Right to be notified by the other party if the minor child is the victim of an alleged crime, including the name of the investigating law enforcement officer or agency. There is no duty to notify if the party to be notified is the alleged perpetrator.
7. Right to reasonable access and telephone or other electronic contact with the minor children.