

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

**Answer and
Counterpetition For
Dissolution of
Marriage Without Children**

Name of Respondent (first, middle, last)

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:

Street Address _____ Apt. No. _____

City _____ County _____ State _____ Zip Code _____

Respondent's Date of Birth: _____

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

First _____ Middle _____ Last _____

First _____ Middle _____ Last _____

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

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 UNKNOWN

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

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 UNKNOWN

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

IF YES, has Respondent been stationed in Minnesota for YES NO
the past six (6) months?

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of my marriage relationship with Respondent and the marriage cannot be saved.

7. Physical Living Situation

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

If NO, the date we separated was: _____

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

8. Other Proceedings

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

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

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 is submitted with this Answer or was submitted with the 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

If you answered YES, you may ask the court to make an order regarding support for the adult dependent, but you should use the Marriage Dissolution With Children forms to do this.

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 yes to C, 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

a. Do Petitioner and Respondent have minor children under the age of 18, or under 20 and still in high school, or adult dependents who are not able to support themselves because of a physical or mental condition? YES NO

(If **YES**, you are using the wrong Counterpetition. Use Marriage Dissolution With Children.)

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

(If you answered **YES**, you are using the wrong Counterpetition. Use Marriage Dissolution With Children.)

c. Is either spouse pregnant? YES NO UNKNOWN

(If either spouse is pregnant you are using the wrong Counterpetition. Use Marriage Dissolution With Children.)

Does Petitioner have minor children from another marriage or relationship? YES NO UNKNOWN

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

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

Does Respondent have minor children from another marriage or relationship? YES NO

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 Public Authority office for the county paying for 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 Tribal TANF General Assistance
 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 Tribal TANF General Assistance
 Child Care Assistance MinnesotaCare Medical Assistance

12. School

a. Is Petitioner currently enrolled in school? YES NO UNKNOWN

1. If YES, the name of the school is _____

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

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

b. Is Respondent currently enrolled in school? YES NO

1. If YES, the name of the school is _____

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

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

13. 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 UNKNOWN

IF YES, in the amount of _____ per month.

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

IF YES, in the amount of _____ per month.

14. Petitioner's Employment

a. Is Petitioner employed? YES NO UNKNOWN

b. Is Petitioner self-employed? YES NO UNKNOWN

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

15. Petitioner's Income

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

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

a. Petitioner's current tax filing status is: Married Single

Number of Exemptions: _____

b. Petitioner has income from the following sources:

Respondent has no information about Petitioner's income **OR**

Respondent does not have detailed information about Petitioner's income, but has good reason to believe that Petitioner's pay is _____ per

week month year, with bonuses, overtime or

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 Net Monthly Revenues _____ per month.

If Petitioner 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)

Second job with _____ per month.

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

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

Petitioner's Other Sources of Income:

Unemployment _____ per month.

Social Security (SSDI or RSDI) _____ per month.

Supplemental Security Income (SSI) _____ per month.

MFIP _____ per month.

General Assistance _____ per month.

Investments or Rental Income _____ per month.

Pension _____ per month.

Worker's Compensation _____ per month.

Other _____ per month.

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

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

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

1. Federal income tax (from a paystub, or use tax table and apply the tax filing status at 23(a)) _____ per month.
2. State income tax (from a paystub, or use tax table and apply the tax filing status at 23(a)) _____ per month.
3. Social Security (FICA) _____ per month.
4. Medicaid/Medicare _____ per month.
5. Reasonable pension deduction _____ per month.
6. Monthly cost of health and dental insurance coverage Petitioner gets through his/her employer or by purchasing it on his/her own **OR**
An amount for actual medical and dental expenses _____ per month.

Explain what the expenses are for: _____

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

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

e. Does Petitioner receive child support payments? Yes No Unknown

If YES, Petitioner receives child support payments from _____
(names of payors) in the total amount of _____ per month.

16. Respondent's Employment

- a. Is Respondent employed? YES NO
- b. Is Respondent self-employed? YES NO

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

17. Respondent's Income

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

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

a. Respondent's current tax filing status is: Married Single

Number of Exemptions: _____

b. Respondent has income from the following sources:

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

Self Employment Income Net Monthly Revenues _____ 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)

Second job with _____ per month.

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

Questions about Current Jobs	1st Job	2nd Job
Is Respondent paid by the hour or salaried?	<input type="radio"/> hourly <input type="radio"/> salary	<input type="radio"/> hourly <input type="radio"/> salary
What is the average number of hours the 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 1st Job <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd Job	If Yes, how much was received in bonuses last year? \$ _____	If Yes, how much was received in bonuses last year? \$ _____
	How much is expected this year? \$ _____	How much is expected this year? \$ _____

Respondent's Other Sources of Income:

Unemployment _____ per month.

Social Security (SSDI or RSDI) _____ per month.

Supplemental Security Income (SSI) _____ per month.

MFIP _____ per month.

General Assistance _____ per month.

Investments or Rental Income _____ per month.

Pension _____ per month.

Worker's Compensation _____ per month.

Other _____ per month.

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

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

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

1. Federal income tax (from a paystub, or use tax table _____ per month. and apply the tax filing status at 23(a))

2. State income tax (from a paystub, or use tax table and apply the tax filing status at 23(a)) _____ per month.
3. Social Security (FICA) _____ per month.
4. Medicaid/Medicare _____ per month.
5. Reasonable pension deduction _____ per month.
6. Monthly cost of health and dental insurance coverage Petitioner gets through his/her employer or by purchasing it on his/her own **OR**
An amount for actual medical and dental expenses _____ per month.

Explain what the expenses are for: _____

7. Union dues _____ per month.
8. Child support or spousal maintenance order
Petitioner currently pays _____ per month.

Total Deductions: _____ per month.

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

e. Does Respondent receive child support payments? YES NO UNKNOWN

If YES, Respondent receives child support payments from _____
(names of payors) in the total amount of _____ per month.

18. 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 UNKNOWN

Dental: YES NO UNKNOWN

If YES, this medical insurance covers: Petitioner Respondent
and this dental insurance covers: Petitioner Respondent

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

Medical: YES NO 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 UNKNOWN

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

19. 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.

20. 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 UNKNOWN

Does Respondent own a vehicle? YES NO

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

21. 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 Respondent's satisfaction? YES NO

If NO, Respondent requests the following marital property:

22. 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:

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

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

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

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc. 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.

Financial Institution	Type of Account	Amount	Belongs to: (name on account)
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b. List cash not listed at a.:

Petitioner has cash in the amount of: _____

Respondent has cash in the amount of: _____ OR UNKNOWN

24. Business Interest

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

a. If YES, the name of the business is _____

the address is _____

and the value is _____ How did you arrive at this value?

Does Respondent have an interest in a business? YES NO

b. If YES, the name of the business is _____

the address is _____

and the value is _____ How did you arrive at this value?

25. Manufactured Home

Does Petitioner have a manufactured home? YES NO UNKNOWN

Does Respondent have 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 this value?

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

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

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

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

26. 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 the Petitioner? YES NO

d. How many properties are owned by you and your spouse in total?

None One Two Three _____

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

Real Property Information

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

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

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

The property is in _____ County.

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

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

There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed: _____

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?

7. This property is the homestead: YES NO

Real Property #2 Information

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

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

3. Street address of the real property is _____

City _____ State _____ Zip Code _____

The property is in _____ County.

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

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

There are no mortgages or loans on this property.

1st Mortgage: Amount currently owed: _____

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?

7. This property is the homestead: YES NO

27. Retirement Plans

a. Does **Petitioner** 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: _____

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:

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

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

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: _____

28. Debts

Does Petitioner have debt? YES NO UNKNOWN

Does Respondent have debt? YES NO

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

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

29. Name Change

Does Respondent want to change his/her name? YES NO

If YES, answer (a) through (c) below:

a. Respondent's name should be changed to:

_____	_____	_____
First	Middle	Last

Is this a former legal name or maiden name? YES NO

If NO, the reason the Respondent wants to change to this name is:

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

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

If YES, answer i. and ii.:

- i. Respondent has given notice of this request for name change to the property authority as required by Minn. Stat. §259.13 (See Felon Name Change Instructions)
- ii. Respondent has submitted with this Petition an *Affidavit of Service of the Notice* marked Exhibit "A".

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

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

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

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. Maintenance is denied to Petitioner and Respondent.
- b. Reserving the issue of maintenance.
- c. Ordering
 - Petitioner Respondent to pay spousal maintenance to
 - Petitioner Respondent

4. Vehicles

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

Year / Make / Model	Awarded To:

5. Marital Property

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

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

To Petitioner:

To Respondent:

6. Non-Marital Property

Dividing the parties' non-marital property

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

To Petitioner:

To Respondent:

7. Cash and Accounts

a. Awarding the savings, and investments as follows:

Institution	Type of Account	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:

8. Business

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

9. Manufactured Home

None **OR**

Awarding the manufactured home located at:

Street address	City	State
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to Petitioner Respondent. The debt on the manufactured home owed to:

_____ shall be paid by Petitioner Respondent.

10. Real Property

None **OR**

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

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

Petitioner Respondent:

1st Mortgage: Amount currently owed: _____ and name of lender:

2nd Mortgage: Amount currently owed: _____ and name of lender:

and subject to the following liens or other agreements:

A lien in favor of Petitioner Respondent in the amount of _____

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

12. Retirement Funds

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

- Petitioner has no retirement funds **OR**
- 100% to Petitioner **OR**
- Dividing Petitioner's retirement benefits fairly and equitably between the parties as follows:

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

- Respondent has no retirement funds **OR**
- 100% to Respondent **OR**
- Dividing Respondent's retirement benefits fairly and equitably between the parties as follows:

13. Debts

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

Debt Owed To:	To Be Paid By:

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

14. Name Change

Respondent is not requesting a name change; **OR**

Changing Respondent's name to:

First

Middle

Last

15. Other

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

17. READ and SIGN the Acknowledgments.

Acknowledgment

By presenting this form to the court, I certify that to the best of my knowledge, information, and belief, the following statements are true. I understand that if a statement is not true, the court can order a penalty against me (such as to pay money to the other party, pay court costs, and/or other penalties).

1. The information I included in this form is based on facts and supported by existing law.
2. I am not presenting this form for any improper purpose. I am not using this form to:
 - a. Harass anyone;
 - b. Cause unnecessary delay in the case; or
 - c. Needlessly increase the cost of litigation.
3. No judicial officer has said I am a frivolous litigant.
4. There is no court order saying I cannot serve or file this form.
5. This form does not contain any "restricted identifiers" or confidential information as defined in Rule 11 of the General Rules of Practice (https://www.revisor.mn.gov/court_rules/gp/id/11/) or the Rules of Public Access to Records of the Judicial Branch (https://www.revisor.mn.gov/court_rules/rule/ra-toh/).

6. If I need to file "restricted identifiers," confidential information, or a confidential document, I will use Form 11.1 and/or Form 11.2, as required by Rule 11.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

County and State where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____