

**State of Minnesota**

**District Court**

County of:
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Judicial District:	_____
Court File Number:	_____
Assigned Judge:	_____
Case Type:	Dissolution with Children

**In Re the Marriage of:**

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

**Petition For Dissolution Of  
Marriage With Children**

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

**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 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 time?  YES  NO

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

**IF YES**, why are you living together at this time?

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### 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

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 submitted with the Petition, or the case is**

Dismissed  Pending

### 9. Protection or Harassment Order

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

If YES, the Order protects:  Petitioner  Respondent

the children 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.**

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

**10. Child Protection Court Case**

a. Is a child protection case involving Petitioner and Respondent's children 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 child protection case is:

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

**11. Children Petitioner and Respondent Have Together (Joint Children)**

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

a. Are there any children born to or adopted by Petitioner and Respondent 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="radio"/> Petitioner <input type="radio"/> Respondent <input type="radio"/> Both parents OR _____
			(write in name)



## 12. Adult Dependent Children

- a. Is there an adult joint child born to or adopted by  YES  NO  
Petitioner and Respondent who is not able to support  
him/herself because of a physical or mental condition?

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

Full Name of Dependent	Date of Birth	Age

The social security number of the adult dependent children is/are listed on Confidential Form 11.1 and submitted along with the Petition.

## 13. Pregnancy

- a. Is Petitioner pregnant?  YES  NO

If Petitioner is pregnant, answer (i) and (ii):

(i) The date the baby is due is \_\_\_\_\_

- (ii) Do Petitioner and Respondent agree that the  YES  NO  
spouse is the biological father of the unborn child?

If NO,  Petitioner  Respondent claims husband is not the biological father of the child, and Petitioner asks the Court to issue a separate order setting a hearing date for after the birth of the child to determine Paternity, unless appropriate Recognition of Parentage documents are signed by husband, wife and the biological father after the birth of the child.

- b. Is Respondent pregnant?  YES  NO

If Respondent is pregnant, answer (i) and (ii):

(i) The date the baby is due is \_\_\_\_\_

- (ii) Do Petitioner and Respondent agree that the  YES  NO  
spouse is the biological father of the unborn child?

If NO,  Petitioner  Respondent claims husband is not the biological father of the child, and Petitioner asks the Court to issue a separate order setting a hearing date for after the birth of the child to determine Paternity, unless appropriate Recognition of Parentage documents are signed by husband, wife and the biological father after the birth of the child.

## 14. Petitioner's Children from Other Relationship (Non-Joint Children)

- a. Does Petitioner have minor children *born prior to the*  YES  NO  
*marriage* from another marriage or relationship?

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 Petitioner?	Is Petitioner Court-Ordered to pay 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

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

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

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

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

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

If YES, attach a copy of the Order. The Order is for:

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Full Name of children

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

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

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

and submit a copy of the "Spouse's Non-Parentage Statement."

If NO, why not?

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**15. Respondent's Children from Other Relationship (Non-Joint Children)**

a. Does Respondent have minor children born *prior to the marriage* from another marriage or relationship?  YES  NO  UNKNOWN

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

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

b. Has Respondent given birth, *since marrying Petitioner*, to a minor child who is not a child of the Petitioner?  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 Respondent since marrying Petitioner, who is not a child of the Petitioner:

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



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

**If YES**, attach a copy of the Order. The Order is for:

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Full Name of children

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

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

and submit a copy of the Recognition of Parentage. \_\_\_\_\_

**If NO**, why not?

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

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

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

**If NO**, why not?

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## 16. Custody

It is in the child's best interests that legal custody be granted as follows: (check one)

- Joint legal custody to both parents  
 Sole legal custody to  Petitioner  Respondent

It is in the child's best interests that physical custody be granted as follows: (check one)

- Joint physical custody to both parents  
 Sole physical custody to  Petitioner  Respondent

## 17. Parenting Time

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

If parenting time is unsupervised for both parents, skip to Question 18.

unsupervised       supervised       reserved

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

a. Explain how unsupervised parenting time by Petitioner is likely to endanger the child's physical or emotional health or impair the child's emotional development:

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b. State who should supervise Petitioner's parenting time, and if there is a cost involved, who should pay the cost and any other important details:

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c. Explain why Petitioner's parenting time should be reserved:

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

unsupervised       supervised       reserved

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

a. Explain how unsupervised parenting time by Respondent is likely to endanger the child's physical or emotional health or impair the child's emotional development:

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b. State who should supervise Respondent's parenting time, and if there is a cost involved, who should pay the cost and any other important details:

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c. Explain why Respondent's parenting time should be reserved:

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**18. Public Assistance from the 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 Public Authority in the county paying for the assistance.

a. Does Petitioner receive public assistance from the State of Minnesota?  YES  NO

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

MFIP in the amount of \_\_\_\_\_ per month

Tribal TANF in the amount of \_\_\_\_\_ per month

General Assistance in the amount of \_\_\_\_\_ per month

Child Care Assistance  MinnesotaCare  Medical Assistance

b. Does Respondent receive public assistance from the State of Minnesota?  YES  NO  UNKNOWN

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

MFIP in the amount of \_\_\_\_\_ per month

Tribal TANF in the amount of \_\_\_\_\_ per month

General Assistance in the amount of \_\_\_\_\_ per month

Child Care Assistance  MinnesotaCare  Medical Assistance

c. Do the joint children of the parties receive public assistance from the State of Minnesota?  YES  NO  UNKNOWN

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

MFIP  Tribal TANF  Medical Assistance  MinnesotaCare

IV-E Foster Care

### 19. 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

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

c. Do any of the joint children of the parties receive Supplemental Security Income (SSI)?  YES  NO

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

What is the name of the child receiving SSI? \_\_\_\_\_

### 20. School

Is Petitioner currently enrolled in school?  YES  NO

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

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

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

Is Respondent currently enrolled in school?  YES  NO  UNKNOWN

a. If YES, 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 \_\_\_\_\_.

### 21. Petitioner's Employment

a. Is Petitioner employed?  YES  NO

b. Is Petitioner self-employed?  YES  NO

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

If you are unemployed or working less than 40 hours a week, answer these questions:

i. Why are you unemployed or working less than 40 hours a week?

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ii. What is your past work experience (types of jobs, hours, pay, length of time at the job, etc.) and what are your professional qualifications or licenses?

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d. 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)

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Address

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City State Zip Code

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

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Address

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City State Zip Code



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

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

Enter the amount of child support you are court-ordered to pay for any non-joint children \_\_\_\_\_ per month.

Enter the amount of spousal maintenance you are court-ordered to pay to your current or former spouse \_\_\_\_\_ per month.

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

If you entered an amount, which parent receives the payment for the child?     Petitioner     Respondent

**23. Living Expenses for the Family**

- a. Petitioner and Respondent and our children are still living together.
- b. Petitioner and Respondent are living separately.

Our current monthly living expenses for our family total \_\_\_\_\_

Our monthly family living expenses **before** we separated totaled \_\_\_\_\_

At this time, Petitioner's separate living expenses total \_\_\_\_\_ and Respondent's living expenses total \_\_\_\_\_ or  unknown to Petitioner. Of the total current living expense for the Petitioner what monthly dollar amount is for expenses just for the children that live with the Petitioner? \_\_\_\_\_ Of the total current monthly living expenses for the Respondent, \_\_\_\_\_ is for expenses just for the children that live with the Respondent, or  this is UNKNOWN.

**24. 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 #23) include the special needs expenses for the child?  YES  NO
- c. Does Respondent's monthly living expense (stated at #23) include the special needs expenses for the child?  YES  NO

**25. Respondent's Employment**

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

If Respondent is unemployed or working less than 40 hours a week, answer these questions:

i. Why is Respondent unemployed or working less than 40 hours a week?

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

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

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

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Address

---

City

---

State

---

Zip Code

---

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

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Address

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City

---

State

---

Zip Code



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"/> Unknown	<input type="radio"/> hourly <input type="radio"/> salary <input type="radio"/> Unknown
What is the average number of hours Respondent works per week?	_____ hours <input type="checkbox"/> Unknown	_____ hours <input type="checkbox"/> Unknown
How much overtime pay does Respondent receive per week on average?	_____ <input type="checkbox"/> Unknown	_____ <input type="checkbox"/> Unknown
Does Respondent receive bonuses?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If Yes, how much did Respondent receive in bonuses last year?  _____	If Yes, how much did Respondent receive in bonuses last year?  _____
	How much does Respondent expect to receive this year?  _____	How much does Respondent expect to receive this year?  _____

## 26. Respondent's Income

- a. Petitioner has no information about the Respondent's income OR
- b. Petitioner has detailed information about Respondent's income. If this is true, fill out the income information below. OR
- c. 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.)

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.

Self Employment income means gross receipts minus costs of goods sold, minus ordinary and necessary business expenses. Include Schedule C from last year's tax return to this Petition.

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.

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 received by Respondent \_\_\_\_\_ per month.

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

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

Enter the amount of child support Respondent is court-ordered to pay for any non-joint children \_\_\_\_\_ per month.

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

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

If you entered an amount, which parent receives the payment for the child?  Petitioner  Respondent

**27. Child Care Costs**

Are there child care costs for the joint children because of work or school?  YES  NO

If YES, **submit with this Petition** a receipt or signed letter from the child care provider showing the cost of child care, and answer (a), (b), and (c):

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? \_\_\_\_\_

(If you pay by the week, multiply the weekly charge by 4.33 to get the charge per month. If the costs vary during the year, use the total yearly costs and divided by 12.)

c. Who pays the child care cost?

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

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

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

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

Petitioner  Respondent  There is no county assistance

## 28. Health Care Coverage

a. MinnesotaCare and Medical Assistance are available from the State of Minnesota for people who qualify. Who receives MinnesotaCare or Medical Assistance?

Petitioner  Respondent  Joint Children  No one

b. Does Petitioner currently have medical insurance?  YES  NO  
(other than MinnesotaCare or Medical Assistance)

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

Non-joint children Name the joint children who are covered \_\_\_\_\_

c. Does Petitioner have dental insurance? (other than MinnesotaCare or Medical Assistance)  YES  NO

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

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

Non-joint children Name the joint children who are covered \_\_\_\_\_

d. Does Respondent have medical insurance? (other than MinnesotaCare or Medical Assistance)  YES  NO  UNKNOWN

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

Non-joint children Name the joint children who are covered \_\_\_\_\_

e. Does Respondent have dental insurance? (other than MinnesotaCare or Medical Assistance)  YES  NO  UNKNOWN

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

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

Non-joint children Name the joint children who are covered \_\_\_\_\_

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

## 29. Spousal Maintenance

Spousal Maintenance is money paid by one spouse to the other for living expenses. Check the box that applies.

- 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.

### 30. 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**31. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**32. 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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**33. 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 #37.

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Amount</b>	<b>Belongs to:</b> (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

**34. 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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**35. 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 36.

### 36. 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 #37)

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 Petition and label each sheet "Attachment to Petition 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

### 37. 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: \_\_\_\_\_

**38. 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>				

**39. Name Change**

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

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

a. Petitioner's name should be changed to:

\_\_\_\_\_

First    Middle    Last

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

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

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

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

If YES, answer i. and ii.:

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

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

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**BASED UPON THE ABOVE INFORMATION, Petitioner 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. **Legal Custody:** Legal custody means which parent has a say in the major decisions regarding the children's life including education, religious upbringing, and medical treatment. Granting legal custody to each minor child of the parties as follows:

**Name of child**

**Granting Legal Custody**

- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.

3. **Physical Custody:** Physical custody identifies which parent 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**

- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 Jointly to both parties.
- \_\_\_\_\_  Solely to Petitioner **OR**  Solely to Respondent **OR**  
 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:

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Weekends:

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Summer (if you want a different schedule in the summer):

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Telephone contact with the children:     Unlimited OR  Only at certain times as follows:  
(describe the days and times when the parent and the children may have telephone contact)

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**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



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

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

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Holidays

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

Other:

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**d. Under the above Schedule:**

What is the annual number of overnights the children will spend with each parent?

**Note:** If parenting time is equal, use 182.5 overnights for each parent.

Number of overnights with Petitioner: \_\_\_\_\_

Number of overnights with Respondent: \_\_\_\_\_

**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 children:

- through his/her employer or union OR
- by obtaining and paying for private insurance

- Petitioner  Respondent

shall provide dental insurance for the joint minor children:

- 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 MinnesotaCare is open for the children, 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:

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**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. Chose a or b.

- a. Ordering each parent to pay a share of the unreimbursed medical or dental costs for the children of the parties, based on the relative income of the parties; **OR**
- b. Reserving the issue of unreimbursed medical and dental costs.

**8. 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.

**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:

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To Respondent:

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**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:

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To Respondent:

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**14. 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:

\_\_\_\_\_

**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

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)

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

**18. 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)

**19. Retirement Funds**

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

100% to Petitioner **OR**

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

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

100% to Respondent **OR**

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

**20. 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 38 above.*

Debt Owed To:	To Be Paid By:





- 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/](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/](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: \_\_\_\_\_