

State of Minnesota

District Court

County of:

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

In Re the Marriage of:

Name of Petitioner (first, middle, last)
and

**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.

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?

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 Petitioner and Respondent who is not able to support him/herself because of a physical or mental condition? YES NO

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

Full Name of Dependent	Date of Birth	Age

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 spouse is the biological father of the unborn child? YES NO

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 spouse is the biological father of the unborn child? YES NO

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 marriage* from another marriage or relationship? YES NO

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

Full Name of Child and Age	Date of Birth	Does Child Live with 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:

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?

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:

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?

(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?

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:

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:

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

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:

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:

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

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?

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?

d. 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

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?

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?

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

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

Address

City

State

Zip Code

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

Address

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:

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

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

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.

Financial Institution	Type of Account	Amount	Belongs to: (name on account)
------------------------------	------------------------	---------------	---

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?

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?

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)

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

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:

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

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

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

If YES, 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.)

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:

Weekends:

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

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)

Exceptions to the Regular Schedule:

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

School Release days or breaks during the school year

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

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

Holidays

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

Other:

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:

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:

To Respondent:

13. Non-Marital Property

Dividing the parties' non-marital property

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

To Petitioner:

To Respondent:

14. Cash and Accounts

a. Awarding the savings, and investments as follows:

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/) 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: _____