



**LEECH LAKE BAND OF OJIBWE  
IN TRIBAL COURT**

190 Sailstar Dr. NW  
Cass Lake, MN 56633  
(218) 335-3682 (3586)

Family Division

**In Re the Marriage of:**

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

and

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

**Petition for Dissolution of  
Marriage With Children**

Case No. \_\_\_\_\_

STATE OF MINNESOTA )  
) ss.  
COUNTY OF \_\_\_\_\_ )  
(County where Petition is signed)

**1. Information about Petitioner**

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

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

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

Mailing address where you agree to receive papers for this case:  Same as above address OR:

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

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

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

Petitioner is the  husband  wife.

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

_____	_____	_____
First	Middle	Last
_____	_____	_____
First	Middle	Last

I am/ am not (circle one) eligible for membership in the Leech Lake Band of Ojibwe. If not, list tribal affiliation \_\_\_\_\_.

**2. Information about 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: \_\_\_\_\_  
Month Day Year

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

_____	_____	_____
First	Middle	Last
_____	_____	_____
First	Middle	Last

Respondent is/is not (circle one) eligible for membership in the Leech Lake Band of Ojibwe. If not, list tribal affiliation \_\_\_\_\_.

**3. Our Marriage**

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

**4. 90-Day Requirement**

Has Petitioner been living in Minnesota for the past three (3) months?  YES  NO

Has Respondent been living in Minnesota for the past three (3) months?

YES  NO  UNKNOWN

**5. Armed Forces**

Is Petitioner an active duty member of the armed forces?  YES  NO

**If YES**, has Petitioner been stationed in Minnesota for the past six (6) months?  YES  NO

Is Respondent an active duty member of the armed forces?  YES  NO  Unknown

**If YES**, has Respondent been stationed in Minnesota for the past (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**

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

If **NO**, the date we separated was: \_\_\_\_\_.  
Month Day Year

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  I do not know

b. Has a County started a Support case involving the Petitioner and the Respondent or their children?  YES  NO If YES, the case was started in \_\_\_\_\_

County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_.

**A copy of the Support Order is attached**, or the case is  Dismissed, or  Pending.

**9. Protection or Harassment Order**

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

**If YES:**

a. The *Order* protects:  Petitioner  Respondent  the child(ren) and the Order was filed in \_\_\_\_\_ County in \_\_\_\_\_ State on \_\_\_\_\_

\_\_\_\_\_ date, and the Court file number is \_\_\_\_\_. **A copy of the**

**Order is attached.**

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

**10. Juvenile Court Case**

Is a Juvenile Court case (child protection, delinquency or foster care) involving husband's and wife's child(ren) taking place in Minnesota or another state?  YES  NO

**If YES**, the case is in \_\_\_\_\_ County in the State of \_\_\_\_\_ and the Court file number is \_\_\_\_\_. The name of the child or children involved in the Juvenile Court case is: \_\_\_\_\_

**11. Children Husband and Wife have Together (Joint Children)**

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

a. Are there any children born to or adopted by husband and wife together, either before or during the marriage?  YES  NO If YES,

Full Name of Child	Date of Birth	Age	Child Currently Lives With
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)

If a child is living with someone other than a parent, write the child's address below:

Address: \_\_\_\_\_

Street Address Apt. No.

---

City County State Zip Code

b. Has each child born to or adopted by husband and wife together lived in Minnesota for the past six (6) months?  YES  NO

If **NO**, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Adult Dependent Children**

Support can be ordered for a joint child over age 18 who cannot support him/herself because of a physical or mental condition.

Is there an adult joint child born to or adopted by Husband and Wife who is not able to support himself or herself because of a physical or mental condition?  YES  NO

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

Full Name of Dependent	Date of Birth	Age

**13. Pregnancy**

a.  Petitioner  Respondent is the wife in this marriage.

b. Is wife pregnant?  YES  NO  UNKNOWN

If wife is pregnant answer (i) and (ii):

(i) The date the baby is due is \_\_\_\_\_ OR  UNKNOWN  
Month Day Year

(ii) Do Wife and Husband agree that husband is the biological father of the unborn child?

YES  NO

If NO,  Wife  Husband 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. Husband's Children from Other Relationship (Non-Joint Children)**

Does Husband have minor child(ren) from another marriage or relationship?

YES  NO  UNKNOWN

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

Full Name of Child	Date of Birth	Does Child Live with Husband?	Is Husband Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

a. Does Wife have minor child(ren) *born prior to the marriage* from another marriage or relationship?  YES  NO  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 Wife?	Is Wife Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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

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

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

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

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

Full Name of Child(ren)

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

If **YES**, state the full name of the child: \_\_\_\_\_ and  
attach a copy of the Recognition of Parentage.

If **NO**, why not? \_\_\_\_\_  
\_\_\_\_\_

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

If **YES**, state the name of the child: \_\_\_\_\_  
and **attach a copy of the "Husband's Non-Paternity Statement."**

If **NO**, why not? \_\_\_\_\_  
\_\_\_\_\_

## 16. Parenting Time

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

unsupervised  supervised  reserved

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

unsupervised  supervised  reserved

If parenting time is unsupervised for both parents, skip to Question 17.

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

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

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

- b. State who should supervise parenting time, and if there is a cost involved, who should pay  
the cost, and any other important details: \_\_\_\_\_

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

- c. Explain why parenting time should be reserved: \_\_\_\_\_

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

**17. Public Assistance from State of Minnesota**

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

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

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  Medical Assistance  Tribal TANF  MinnesotaCare
- IV-E Foster Care

**18. Supplemental Security Income (SSI)**

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

- a. Does Petitioner receive Supplemental Security Income (SSI)?  NO  YES in the amount of \$\_\_\_\_\_per month.

- b. Does Respondent receive Supplemental Security Income (SSI)?  NO  YES in the amount of \$\_\_\_\_\_per month.

- c. Do any of the joint children of the parties receive Supplemental Security Income (SSI)?  
 NO  YES in the amount of \$\_\_\_\_\_per month. What is the name of the child Receiving SSI?\_\_\_\_\_

**19. School**

Is Petitioner currently enrolled in school?  YES  NO If Yes:



- a. The name of the school is \_\_\_\_\_.
- b. The type of school is  High School  College  Vocational  Other
- c. The type of degree expected is \_\_\_\_\_ and the expected graduation date is \_\_\_\_\_.

Is Respondent currently enrolled in school?  YES  NO  UNKNOWN If Yes:

- a. The name of the school is \_\_\_\_\_.
- b. The type of school is  High School  College  Vocational  Other
- c. The type of degree expected is \_\_\_\_\_ and the expected graduation date is \_\_\_\_\_.

**20. Petitioner’s Employment**

- a. Is Petitioner employed?  YES  NO Is Petitioner Self-Employed?  YES  NO
- b. Is Petitioner working at least 40 hours per week?  YES  NO

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

i. Explain why you are not working or why you work less than 40 hours/week. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. 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)

\_\_\_\_\_  
Employer’s Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Petitioner’s Employer (If Self-Employed, list name and business address)

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Questions about Current Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Are you paid by the hour or do you have a salary?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours you work per week?	_____ hours	_____ hours
How much overtime pay do you receive per week on average?	\$ _____	\$ _____
Do you receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much did you receive in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much did you receive in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

**21. Petitioner's Income**

**NOTE:** There is a separate form called "Financial Affidavit" which you must fill out, serve on your spouse, and file with the court at the time you file this Petition. You must attach proof of your income to the Financial Affidavit.

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

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

Self Employment Income \$ \_\_\_\_\_ (or zero)

Self Employment income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses. Attach 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 you receive

\$\_\_\_\_\_ per month

Other income\_\_\_\_\_

\$\_\_\_\_\_ per month

Identify Source

Add all of the above. Total monthly income

\$\_\_\_\_\_ per month

Enter the amount of child support you are court-ordered to pay for any nonjoint child(ren)

\$\_\_\_\_\_ 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

## 22. Living Expenses for the Family

a. Petitioner and Respondent and our children are still living together. Our current monthly living expenses for our family total \$\_\_\_\_\_.

OR

b. Petitioner and Respondent are living separately. Our monthly family living expenses **before** we separated totaled \$\_\_\_\_\_. At this time, Petitioner's separate monthly living expenses total \$\_\_\_\_\_, and Respondent's monthly living expenses total \$\_\_\_\_\_ or  are unknown to Petitioner. Of the total current monthly living expense for Petitioner, what dollar amount is for expenses just for the children that live with Petitioner? \$\_\_\_\_\_. Of the total current monthly living expenses for Respondent, \$\_\_\_\_\_ is for expenses just for the children that live with Respondent, or  this is UNKNOWN.

## 23. Expenses for Special Needs for the Children

a. Is there a child of the parties who has special needs and extraordinary medical expenses?

YES  NO If Yes,

Name of child with special needs: \_\_\_\_\_

Describe the needs: \_\_\_\_\_

- b. Does Petitioner's monthly living expense (stated at #22) include the special needs expenses for the child?  YES  NO
- c. Does Respondent's monthly living expense (stated at #22) include the special needs expenses for the child?  YES  NO

**24. Respondent's Employment**

- a. Is Respondent employed?  YES  NO  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 works less than 40 hours/week, answer these questions:

i. Explain why Respondent is not working or why Respondent works less than 40 hours/week \_\_\_\_\_

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

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)

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

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

Questions about Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown
What is the average number of hours Respondent works per week?	_____hours <input type="checkbox"/> Unknown	_____hours <input type="checkbox"/> Unknown
Questions about Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, how much did Respondent receive in bonuses last year? \$_____ How much does Respondent expect to receive this year? \$_____	If Yes, how much did Respondent receive in bonuses last year? \$_____ How much does Respondent expect to receive this year? \$_____

**25. Respondent's Income**

Petitioner has no information about Respondent's income

OR

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 commissions in the additional amount of \$\_\_\_\_\_ per  week month year. This is Respondent's  Net Income (after taxes and deductions) or  Gross Income (before taxes and deductions.)

OR

Petitioner has detailed information about Respondent's income. If this is true, fill out the income information below.

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

Respondent's Source of Income Amount Per Month (before deductions/taxes)

Self Employment Income \$\_\_\_\_\_ (or zero)

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

Job with \_\_\_\_\_ \$ \_\_\_\_\_ per month

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

Second job with \_\_\_\_\_ \$ \_\_\_\_\_ per month  
Commissions from all jobs \$ \_\_\_\_\_ per month

Divide the total amount expected 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 income \_\_\_\_\_ \$ \_\_\_\_\_ per month  
Identify Source

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

Enter the amount of child support Respondent is court-ordered to  
pay for any nonjoint child(ren) \$ \_\_\_\_\_ per month

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

Enter the amount of Social Security or Veteran's Benefits 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

**26. Child Care Costs**

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

If YES, **attach to 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 your 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 costs vary  
during the year, use the total yearly costs and divide by 12.)
- c. Who pays the child care costs?

Petitioner pays \$\_\_\_\_\_per month  
Respondent pays \$\_\_\_\_\_per month  
The County pays \$\_\_\_\_\_per month through a subsidy or child care assistance.

If the County pays, who applied for the child care assistance?  
Petitioner  Respondent There is no county assistance

**27. Health Care Coverage**

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

Petitioner  Respondent  Joint Children  No one

b. Does Petitioner currently have medical insurance? (other than MN Care or Medical Assistance)

Yes  No. If no, skip to c.

i. Where does Petitioner get the medical insurance?

through his/her employment

buys private medical insurance

ii. How much does the medical insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

iii. Who is currently covered by this medical insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

c. Does Petitioner have dental insurance? (other than MN Care or Medical Assistance)

Yes  No. If no, skip to d.

i. Where does Petitioner get the dental insurance?

through his/her employment

buys private dental insurance

ii. How much does the dental insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

Or,  Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

d. Does Respondent have medical insurance? (other than MN Care or Medical Assistance)

Yes  No  Unknown. If No/ Unknown, skip to e.

i. Where does Respondent get the medical insurance?

through his/her employment

buys private medical insurance

ii. How much does the medical insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

iii. Who is currently covered by this medical insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

e. Does Respondent have dental insurance? (other than MN Care or Medical Assistance)

Yes  No  Unknown If No/ Unknown skip to f.

i. Where does Respondent get the dental insurance?

through his/her employment

buys private dental insurance

ii. How much does the dental insurance cost?

\$\_\_\_\_\_per month for single coverage

\$\_\_\_\_\_per month for single plus spouse (if this is offered)

\$\_\_\_\_\_per month for family coverage

Or,  Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

Petitioner  Respondent  All the Joint Children  Some of the Joint Children:

Name the joint children who are covered\_\_\_\_\_  Nonjoint children

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

## 28. Spousal Maintenance

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



**Check only one box:**

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. Petitioner is \_\_\_\_\_ years of age, Petitioner and Respondent have been married for \_\_\_\_\_ years. Petitioner has the following education: \_\_\_\_\_. Petitioner's gross monthly income totals \$ \_\_\_\_\_. Petitioner's monthly expenses total \$ \_\_\_\_\_ and Petitioner is not able to maintain the standard of living established during the marriage because: \_\_\_\_\_  
\_\_\_\_\_

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

Respondent needs spousal maintenance from Petitioner now. Respondent is \_\_\_\_\_ years of age, Petitioner and Respondent have been married for \_\_\_\_\_ years. Respondent has the following education: \_\_\_\_\_. Respondent's gross monthly income totals \$ \_\_\_\_\_. Respondent's monthly expenses total \$ \_\_\_\_\_, and Respondent is not able to maintain the standard of living established during the marriage because: \_\_\_\_\_.

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

**29. Vehicles**

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by husband or wife together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle?  YES  NO

Does Respondent own a vehicle?  YES  NO  UNKNOWN

List all vehicles owned by husband or wife together or separately:

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

### 30. Marital Property

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

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

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

### 31. Non-Marital Property

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

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**32. 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.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #36.

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Account # Last 4 digits only</b>	<b>Amount</b>	<b>Belongs to: (name on account)</b>
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	

b. List cash not listed at a.:

Petitioner has cash in the amount of \$\_\_\_\_\_.

Respondent has cash in the amount of \$\_\_\_\_\_ OR  UNKNOWN.

**33. Business Interest**

Does Petitioner have an interest in a business?  YES  NO

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

If YES, the name of the business is \_\_\_\_\_, the address is

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

**34. Manufactured Home**

Does Petitioner own a manufactured home?  YES  NO

Does Respondent own 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 that amount as the current value? \_\_\_\_\_  
\_\_\_\_\_
- h. How much money is still owed on the home? \$ \_\_\_\_\_
- i. If money is owed on the home, who is the money owed to? \_\_\_\_\_
- j. Do you own the land the home sits on, or do you rent a lot?  Rent  Own  
Note: If you own the lot, you must list the land at Paragraph 35.

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

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

- a. Do Petitioner and Respondent jointly own real property?  YES  NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent?  YES  NO
- b. Does Respondent own real property solely in his/her own name or with someone other than Petitioner?  YES  NO  UNKNOWN
- c. How many properties are owned by you and your spouse in total?  None  One  Two  
 Three  \_\_\_\_\_

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

**Real Property Information**

- a. Real Estate belongs to: (List full names of all owners) \_\_\_\_\_  
\_\_\_\_\_

b. 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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c. Street Address of the real property is:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
The property is in \_\_\_\_\_ County.

d. Purchase date \_\_\_\_\_ (month , day, year) and purchase price:\$ \_\_\_\_\_

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

There are no mortgages or loans on this property.

1<sup>st</sup> Mortgage: Amount currently owed \$ \_\_\_\_\_ and name of lender \_\_\_\_\_

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2<sup>nd</sup> Mortgage: Amount currently owed \$ \_\_\_\_\_ and name of lender \_\_\_\_\_

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Other mortgages or loans:

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f. Current Market Value of this property: \$ \_\_\_\_\_

How did you arrive at this value? \_\_\_\_\_

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g. This property is the homestead: \_\_\_\_\_ Yes \_\_\_\_\_ No

### 36. Retirement Plans

a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

YES  NO If **YES:**

i) The account number is: (last 4 digits only) \_\_\_\_\_

ii) The name of the bank that has the account is: \_\_\_\_\_

iii) The current account balance is: \_\_\_\_\_

- b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

YES  NO

**If YES:**

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

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

iii) The date 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

**If YES:**

i) The account number is: (last 4 digits only) \_\_\_\_\_

ii) The name of the bank that has the account is: \_\_\_\_\_

iii) The current account balance is: \_\_\_\_\_

- d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

YES  NO  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 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: \_\_\_\_\_

### 37. 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.

Money is owed to:	Money was used for:	Whose Name is on the Account and When was the Debt Incurred?		Balance Owed	Monthly Payment
		Name	Date		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>TOTAL DEBT</b>				\$	\$

**38. 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 name a former legal name or maiden name?  YES  NO If NO, the reason

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. Section 259.13. (See Felon Name Change Instructions)  
 ii. Petitioner has attached to this Petition an *Affidavit of Service of the Notice* marked Exhibit "A".

**39. Other** Include other facts you think the Court should know.

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**BASED UPON THE ABOVE INFORMATION, Petitioner requests that the Court issue a final judgment and decree granting the following relief:**

- Dissolving** the bonds of matrimony between Petitioner and Respondent to end the marriage.
- Legal Custody** : Legal Custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

Granting **legal** custody of each minor child of the parties as follows:

Name of Child	Granting Legal Custody:
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.



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

Granting **physical** custody of each of the minor children of the parties as follows:

Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner <b>OR</b> <input type="checkbox"/> Solely to Respondent <b>OR</b> <input type="checkbox"/> Jointly to both parties.

4. **Parenting Time**

- a. Petitioner's parenting time shall be:  Unsupervised  Supervised  Reserved
- b. Respondent's parenting time shall be:  Unsupervised  Supervised  Reserved
- c. Parenting Time Schedule shall be as follows:

(Clearly explain the time each parent will spend with each child. Include the time (o'clock) when the child will transfer from one parent to the other. If you want the order to say who will pick up and drop off the child, include that under "Other.")

**Regular schedule:**

Monday through Friday: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Weekends: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Summer (if you want a different schedule in summer)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone contact with the child(ren):  Unlimited or  Only at certain times as follows:  
(describe the days and times when the parent and child(ren) may have telephone contact)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Exceptions to the Regular Schedule:**

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

School Release days or breaks during the school year\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Any school release day schedule will 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:

The children are with Petitioner:  
 less than 10% of the time

The children are with Respondent:  
 less than 10% of the time

- |  |  |
|--|--|
| <input type="checkbox"/> 10-45% of the time        | <input type="checkbox"/> 10-45% of the time        |
| <input type="checkbox"/> 45.1-50% of the time      | <input type="checkbox"/> 45.1-50% of the time      |
| <input type="checkbox"/> more than 50% of the time | <input type="checkbox"/> more than 50% of the time |

**5. Child Support**

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

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

Choose a, b, or c.

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

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

OR

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

OR

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

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

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance. Choose a. or b.

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

**8. Medical and Dental Insurance for the Parties**

- a. Ordering each party to provide for his or her own  medical  dental insurance.
- b. Ordering \_\_\_\_\_(full name) to provide  medical  dental insurance for \_\_\_\_\_(full name).
- c. Allowing \_\_\_\_\_(full name), at his/her own expense, to continue the dependent coverage available under the other party’s insurance plan, pursuant to federal and state statutes.
- d. Reserving the issue of medical and dental insurance for the parties.

**9. Child Care Expenses**

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

**10. Spousal Maintenance**

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

**11. Vehicles**

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

Year / Make / Model	Awarded to:

**12. Marital Property**

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

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

To Petitioner: \_\_\_\_\_

\_\_\_\_\_

To Respondent: \_\_\_\_\_

\_\_\_\_\_

**13. Non-Marital Property**

Dividing the parties non-marital property

a. As currently divided **OR**

b. As follows (attach additional page if necessary):

To Petitioner: \_\_\_\_\_

\_\_\_\_\_

To Respondent: \_\_\_\_\_

\_\_\_\_\_

**14. Cash and Accounts**

a. Awarding the savings, and investments as follows:

<b>Institution</b>	<b>Type of Account</b>	<b>Account #</b> (Last 4 digits only)	<b>Amount</b>	<b>Awarded to</b>
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	
		XX	\$	

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

Awarding the cash as follows: \_\_\_\_\_

**15. Business**

None **OR**

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

**16. Manufactured Home**

None OR

Awarding the manufactured home located at : \_\_\_\_\_  
(Street Address, City and State)

to  Petitioner  Respondent. The debt on the manufactured home owed to: \_\_\_\_\_  
\_\_\_\_\_ shall be paid by  
 Petitioner  Respondent.

**17. Real Property**

None OR

Awarding solely to  Petitioner  Respondent all right, title, and interest of husband  
and wife in the real property located at:

Street address \_\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, which has the following legal description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1<sup>st</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_  
\_\_\_\_\_

and subject to the following liens or other agreements:

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

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

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**18. Additional Real Property**

None OR

Awarding solely to  Petitioner  Respondent all right, title, and interest of husband and wife in the real property located at:

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

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

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

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

Respondent:

1<sup>st</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_

2<sup>nd</sup> Mortgage: Amount currently owed: \$ \_\_\_\_\_ and name of lender: \_\_\_\_\_

and subject to the following liens or other agreements:

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

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

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**19. Retirement Funds**

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

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 37 above.*

Debt Owed To:	To Be Paid By:

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

**21. Name Change**

- Petitioner is not requesting a name change; OR
- Changing Petitioner's name to: \_\_\_\_\_  

First
Middle
Last

**22. Other** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**23.** Ordering such other relief as the Court deems just and equitable.



24. READ and SIGN the **Verification and Acknowledgments**.

STATE OF MINNESOTA )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )  
(County where Petition is signed)

**Verification and Acknowledgments**

- a. I have read this document. To the best of my knowledge, information and belief the information contained in this document is well grounded in fact and is warranted by existing law.
- b. I have not been determined by any Court in Minnesota nor in any other State to be a frivolous litigant and I am not the subject of an Order precluding me from serving or filing this document.
- c. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- d. I understand that if I am not telling the truth or if I am misleading the Court or if I am serving or filing this document for an improper purpose, the Court can order me to pay money to the other party, including the reasonable expenses incurred by the other party because of the serving or filing this document, Court costs, and reasonable attorney’s fees. I understand that I could also be prosecuted for perjury if I am not telling the truth in my Petition.

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Petitioner’s Signature  
(Sign **only** in presence of notary public  
or Court Clerk)

Mailing Address (Street): \_\_\_\_\_  
\_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public/Court Clerk, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Court Clerk