

**State of Minnesota****District Court****County of**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Assigned Judge: \_\_\_\_\_

Case Type: \_\_\_\_\_

**Dissolution without Children****In Re the Marriage of:**\_\_\_\_\_  
Name of Petitioner (first, middle, last)

and

\_\_\_\_\_  
Name of Respondent (first, middle, last)STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_)SS  
(County where Petition is signed)**Petition For Dissolution Of  
Marriage Without Children****1. Information about Petitioner**Full Name: \_\_\_\_\_  
First Middle LastAddress where Petitioner lives: \_\_\_\_\_  
Street Address Apt. No\_\_\_\_\_  
City County State Zip CodeMailing address: ☐ Same as above address OR\_\_\_\_\_  
Street Address Apt. No.\_\_\_\_\_  
City County State Zip CodeDate of Birth: \_\_\_\_\_  
Month Day Year

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

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

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

**2. Information about Respondent**

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

Address where Respondent lives: \_\_\_\_\_  
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

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

**3. Our Marriage**

Petitioner and Respondent were married on: (month, day, year) \_\_\_\_\_

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

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

**4. 180 Day Requirement**

a. Has Petitioner been living in Minnesota for the past six (6) months? ☐ YES ☐ NO

b. Has Respondent been living in Minnesota for the past six (6) months?

☐ YES ☐ NO ☐ UNKNOWN

c. Petitioner and Respondent were married in Minnesota, but neither Petitioner nor Respondent reside in Minnesota, nor reside in a jurisdiction that will allow us to maintain an action for dissolution because of the sex or sexual orientation of the Petitioner and Respondent. ☐ YES ☐ NO

**5. Armed Forces**

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

**If YES**, has Petitioner been stationed in Minnesota for the past six (6) months?

☐ YES ☐ NO

b. Is Respondent an active duty member of the armed forces?

☐ YES ☐ NO ☐ UNKNOWN

**If YES**, has Respondent been stationed in Minnesota for the past (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**, Petitioner and Respondent are living together because: \_\_\_\_\_

\_\_\_\_\_

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**8. Other Proceedings**

Has a separate court case for marriage dissolution, legal separation, 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 of the case is: ☐ Open   ☐ Closed   ☐ I do not know

**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:** The *Order* protects: ☐ Petitioner   ☐ Respondent and the Order was filed in \_\_\_\_\_  
County in \_\_\_\_\_ State on \_\_\_\_\_ date, and the Court  
file number is \_\_\_\_\_.

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

**10. Children**

“Minor” children are under age 18, or under age 20 but still in high school.

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

(If YES, you are using the wrong form)

b. Do Petitioner and Respondent have any adult dependent children who are not able to support themselves because of a physical or mental condition? ☐ YES   ☐ NO (If you answered YES, you may ask the court to make an order regarding support for the adult dependent, but you should use the Marriage Dissolution With Children forms to do this.)

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

**If you answered NO to c, skip to d.** If YES continue below:

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

Full Name of Child	Date of Birth	Age	Which Party is Birth Parent?

ii. Is there a court order naming someone other than the spouse as the father of the child(ren) listed in (i)? ☐ YES ☐ NO If YES, fill in:

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

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

If **YES**, state the full name of the child: \_\_\_\_\_  
\_\_\_\_\_ and submit with the Petition **a certified copy of the Recognition of Parentage.**

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

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

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

d. Is either spouse pregnant? ☐ YES ☐ NO ☐ UNKNOWN (If either spouse is pregnant you are using the wrong form. Use Marriage Dissolution with Children.)

## 11. Public Assistance / Medical Assistance

Note: If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance. See Minn. Stat. § 518A.44.

a. Petitioner receives public assistance from the State of Minnesota: ☐ YES ☐ NO

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

☐ MFIP ☐ Tribal TANF ☐ General Assistance ☐ Child Care Assistance

☐ Minnesota Care ☐ Medical Assistance

b. Respondent receives public assistance from the State of Minnesota:

☐ YES ☐ NO ☐ UNKNOWN

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

☐ MFIP ☐ Tribal TANF ☐ General Assistance ☐ Child Care Assistance

☐ Minnesota Care ☐ Medical Assistance

## 12. Supplemental Security Income (SSI)

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

a. Petitioner receives Supplemental Security Income (SSI): ☐ NO ☐ YES in the amount of \$ \_\_\_\_\_ per month.

b. Respondent receives Supplemental Security Income (SSI): ☐ NO ☐ YES in the amount of \$ \_\_\_\_\_ per month, or ☐ UNKNOWN

### 13. Petitioner's Employment

a. Is Petitioner employed? ☐ YES ☐ NO

b. Is Petitioner Self-Employed? ☐ YES ☐ NO

Name and address of Petitioner's employer. (If Petitioner has more than one job, list the Name and Address of each employer.)

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

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Employer's Street Address

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City

State

Zip Code

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

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Employer's Street Address

---

City

State

Zip Code

### 14. Petitioner's Gross Income

The Income questions ask for monthly income. If you are paid weekly, multiply your weekly income by 4.33 to get monthly income. If you are paid every two weeks, multiply by 2.17 to get monthly income. If you are paid twice a month, multiply by 2.

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

Income from all jobs	\$ _____ per month
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Commissions from all jobs	\$ _____ per month
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Unemployment benefits	\$ _____ per month
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Social Security Retirement, Survivors or  
 Disability Income (SSDI or RSDI) \$ \_\_\_\_\_ per month  
 Investments or Rental Income \$ \_\_\_\_\_ per month  
 Annuity payments \$ \_\_\_\_\_ per month  
 Pension or Disability from work or military \$ \_\_\_\_\_ per month  
 Workers Compensation \$ \_\_\_\_\_ per month  
 Court-ordered spousal maintenance you receive \$ \_\_\_\_\_ per month  
 Other \_\_\_\_\_ \$ \_\_\_\_\_ per month  
     Identify Source  
 Total **gross** income \$ \_\_\_\_\_ per month

Does Petitioner receive child support payments? ☐ YES ☐ NO If YES, Petitioner  
 receives child support payments from \_\_\_\_\_(name(s) of  
 payor(s)) in the total amount of \$\_\_\_\_\_per month.

#### 15. Respondent's Employment

- a. Is Respondent employed? ☐ YES ☐ NO ☐ UNKNOWN  
 b. Is Respondent Self-Employed? ☐ YES ☐ NO ☐ UNKNOWN

Name and address of Respondent's employer. (If Respondent has more than one job, list  
 the Name and Address of each employer.)

\_\_\_\_\_  
 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



**16. Respondent's Gross 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.)

The Income questions ask for monthly income. If Respondent is paid weekly, multiply weekly income by 4.33 to get monthly income. If Respondent is paid every two weeks, multiply by 2.17 to get monthly income. If Respondent is paid twice a month, multiply by 2.

<b>Sources of Income</b>	<b>Amount per month (or zero) before taxes and deductions</b>
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Self Employment Income	\$ _____ per month
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If Respondent is **self employed**, calculate net monthly revenues as follows: (Annual gross revenues minus annual ordinary and necessary business expenses) divided by 12 = Net Monthly Revenue. Also, **attach Schedule C** from last year's tax return to this Petition, if available.

Income from all jobs	\$ _____ per month
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Commissions from all jobs	\$ _____ per month
---------------------------	--------------------

Unemployment benefits	\$ _____ per month
-----------------------	--------------------

Social Security Retirement, Survivors or Disability Income (SSDI or RSDI)	\$ _____ per month
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Annuity payments	\$ _____ per month
------------------	--------------------

Investments or Rental Income	\$ _____ per month
------------------------------	--------------------

Pension or Disability from work or military	\$ _____ per month
---	--------------------

Workers Compensation	\$ _____ per month
----------------------	--------------------

Court-ordered spousal maintenance you receive	\$ _____ per month
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Other \_\_\_\_\_ \$ \_\_\_\_\_ per month  
Identify Source  
Total **gross** income \$ \_\_\_\_\_ per month

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

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

Medical: ☐ YES ☐ NO Dental: ☐ YES ☐ NO

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

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

Medical: ☐ YES ☐ NO ☐ UNKNOWN

Dental: ☐ YES ☐ NO ☐ UNKNOWN

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

c. Does Petitioner receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO

d. Does Respondent receive Medical Assistance or Minnesota Care through the State of Minnesota? ☐ YES ☐ NO ☐ UNKNOWN

**18. Spousal Maintenance**

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

**Check only one box:**

☐ Petitioner and Respondent can each pay their own living expenses and do not need spousal maintenance at this time, or in the future.

OR

☐ 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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OR

☐ 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.

OR

☐ 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.

**19. Vehicles**

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

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

**20. 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 between the Petitioner and Respondent to Petitioner's satisfaction? ☐ YES ☐ NO

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

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**21. Non-Marital Property**

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

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

If YES, list Petitioner's non-marital property: \_\_\_\_\_

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

If YES, list Respondent's non-marital property: \_\_\_\_\_

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

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

Does Respondent have money in banks, savings, cash or investments?

☐ YES ☐ NO ☐ UNKNOWN

If YES,

a. List all accounts owned by you alone, your spouse alone, or owned by both of you jointly including those opened after separation. "Type of account" means checking,

savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc. **Use Confidential Information Form 11.1 (CON111) to list Financial Institution name and account numbers.**

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

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

### 23. **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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**24. 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 25.

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

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

a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO

b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO

c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO ☐ UNKNOWN

d. How many properties are owned by you and your spouse in total? ☐ None ☐ One  
☐ Two ☐ Three ☐ \_\_\_\_\_

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

### **Real Property Information**

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

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

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

## 26. Retirement Plans

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

☐ YES ☐ NO If YES:

The name of the Financial Institution and account number is listed on 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 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:

The name of the Financial Institution and account number is listed on 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 Respondent began working at the job or joined the union or group plan is: \_\_\_\_\_

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

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

**27. Debts**

Does Petitioner have debt? ☐ YES ☐ NO

Does Respondent have debt? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list debts in your name, your spouse's name and in both names jointly. Include unpaid debts from before the marriage date, during the marriage, and after separation.

Fill in all information completely and attach another sheet of paper if necessary.

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>				<b>\$</b>	<b>\$</b>

## 28. Name Change

Does Petitioner want to change his/her name? ☐ YES ☐ NO If YES, answer (a) through (c):

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 submitted with this Petition an *Affidavit of Service of the Notice* marked Exhibit "A".

**29. 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:**

1. Dissolving the bonds of matrimony between Petitioner and Respondent to end the marriage.
2. **Health Care Coverage for the Parties**
  - ☐ a. Ordering each party to provide for his or her own ☐ 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.

**3. Spousal Maintenance**

☐ a. Maintenance is denied to Petitioner and Respondent.

☐ b. Reserving the issue of maintenance.

☐ c. Ordering ☐ Petitioner ☐ Respondent

to pay spousal maintenance to ☐ Petitioner ☐ Respondent.

**4. Vehicles**

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

Year / Make / Model	Awarded to:

**5. Marital Property**

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

☐ a. As currently divided **OR**

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

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

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

**6. Non-Marital Property**

Dividing the parties non-marital property

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

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

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

**7. Cash and Accounts**

a. Awarding the savings and investments as follows:

Institution	Type of Account	Amount	Awarded to
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

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

**8. Business**

☐ None

OR

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

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

**9. Manufactured Home**

☐ None

OR

☐ Awarding the manufactured home located at : \_\_\_\_\_  
street address

\_\_\_\_\_  
city state

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

\_\_\_\_\_

shall be paid by ☐ Petitioner ☐ Respondent.

**10. Real Property**

☐ None

OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of the  
parties 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)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Additional Real Property**

☐ None

OR

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of the parties 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:\_\_\_\_\_

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

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and subject to the following liens or other agreements:

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

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

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## **12. Retirement Funds**

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

☐ Petitioner has no retirement funds   OR

☐ 100% to Petitioner   OR

☐ Dividing Petitioner's retirement benefits fairly and equitably between the parties as follows \_\_\_\_\_

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

☐ Respondent has no retirement funds OR

☐ 100% to Respondent OR

☐ Dividing Respondent's retirement benefits fairly and equitably between the parties as follows \_\_\_\_\_

**13. Debts**

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

Debt Owed To:	To Be Paid By:

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

**14. Name Change**

☐ Petitioner is not requesting a name change; OR

☐ Changing Petitioner's name to: \_\_\_\_\_  
First Middle Last

15. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

17. 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 or 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)

Subscribed and sworn to /affirmed  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_\_.  
\_\_\_\_\_

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

Notary Public or Court Clerk