

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

Marital Termination Agreement

Name of Respondent (first, middle, last)

A. Petitioner and Respondent have reached an agreement resolving all of the issues in this dissolution of marriage proceeding. Petitioner’s and Respondent’s entire agreement is set forth in this *Marital Termination Agreement*.

B. Throughout this proceeding, Petitioner: has not been represented by an attorney has been represented by the following attorney: _____.

C. Throughout this proceeding, Respondent: has not been represented by an attorney has been represented by the following attorney: _____.

D. Service of the *Summons and Petition for Dissolution of Marriage*:

Respondent was personally served on _____, _____, **OR**

Respondent signed an *Admission of Service* on _____, _____, **OR**

Respondent was served by alternate means as ordered by the court as follows:

By mailing the Summons and Petition to Respondent at the address(es) stated in the Order for Service by Alternate Means on this date: _____.

By publication of the *Summons* in _____ newspaper for 3 consecutive weeks, once each week, on the following 3 dates: _____, _____, and _____.

E. Petitioner was served with an *Answer and Counter-Petition*: YES NO. If YES, Petitioner was served with the *Answer and Counter-Petition* on _____.

Petitioner and Respondent agree to the following facts regarding this case:

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

First	Middle	Last
First	Middle	Last

3. Our Marriage

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

4. 180 Day Requirement

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

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
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 the marriage relationship and the marriage between Petitioner and Respondent cannot be saved.

7. Physical Living Situation

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

If **NO**, the date of separation was: _____
Month Day Year

If **YES**, Petitioner and Respondent are living together at this time because: _____

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 or _____

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 to this form, or was attached to the Petition, or the case is Dismissed 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 to this form or was attached to the Petition.

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 the joint child(ren) of Petitioner and Respondent 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:

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

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: _____

If **NO**, why not? _____

16. Parenting Time

It is in the best interests of the children that:

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

unsupervised supervised reserved

Respondent's parenting time with the joint children 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. Supervision is necessary because unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development. The circumstances supporting this finding are: _____

b. It is in the best interests of the child(ren) that supervision of parenting time be arranged as follows: (State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details) _____

c. Parenting time should be reserved because: _____

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

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

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 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 Petitioner is unemployed or working less than 40 hours/week, answer these questions:

i. Why is Petitioner unemployed or working less than 40 hours/week. _____

ii. What is Petitioner's past work experience (type of jobs, hours, pay, length of time at the job) and what are Petitioner's 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 st Job	2 nd Job
Is Petitioner paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Petitioner works per week?	_____ hours	_____ hours
How much overtime pay does Petitioner receive per week on average?	\$ _____	\$ _____
Does Petitioner receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

21. Petitioner's Income

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.

Job with _____ \$ _____ per month

Monthly income from a job = $\frac{\text{Hourly wage} \times \text{Hours worked per week} \times 4.33}{\text{weeks per month}}$

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

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
- b. Is Respondent Self-Employed? YES NO
- c. Is Respondent working at least 40 hours per week? YES NO

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?_____

c. 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 st Job	2 nd Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Respondent works per week?	_____ hours	_____ hours
How much overtime pay does Respondent receive per week on average?	\$ _____	\$ _____
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

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.

Job with _____ \$ _____ per month

Monthly income from a job = $\frac{\text{Hourly wage} \times \text{Hours worked per week} \times 4.33}{\text{weeks per month}}$

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 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 received by a joint child because of Respondent's retirement, disability, or other eligibility \$ _____ per month

Which parent receives the payment for the child?

Petitioner Respondent

26. Child Care Costs

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

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? \$ _____

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

Who receives Minnesota Care or Medical Assistance?

Petitioner Respondent Joint Children No one

b. Does Petitioner 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 If No, 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 If No, 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

g. Other: _____

28. Spousal Maintenance

a. Does Petitioner need spousal maintenance from Respondent? YES NO If YES, 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: _____

b. Does Respondent need spousal maintenance from Petitioner? YES NO If YES, 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: _____

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

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 in a manner satisfactory to Petitioner and Respondent? YES NO

If **NO**, Petitioner requests the following marital property: _____

If **NO**, Respondent 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

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

If YES,

a. List all accounts owned by one spouse alone or owned by both spouses 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.

Financial Institution	Type of Account	Account # Last 4 digits only	Amount	Belongs to: (name on account)
		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 \$ _____.

33. Business Interest

Does Petitioner have an interest in a business? YES NO

Does Respondent have an interest in a business? YES NO

If YES, the name of the business is _____, the address is _____

and the value is \$ _____. This value is based on: _____

34. Manufactured Home

Does Petitioner own a manufactured home? YES NO

Does Respondent own a manufactured home? YES NO

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

- a. Address of the manufactured home: _____
in the city of _____, state of _____
- b. What type of home is it? (single, double-wide etc.) _____
- c. Whose name(s) is on the title? _____
- d. When was the home purchased? _____
- e. What was the purchase price? \$ _____
- f. What is the current values of the home? \$ _____
- g. How did you arrive at 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
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? YES NO
- d. How many properties are owned by Petitioner and Respondent in total?
 None One Two Three _____

If Petitioner or Respondent 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 Decree, and label each sheet "Attachment to Marital Termination Agreement of _____ (your names).

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 \$ _____ and name of lender _____

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

Other mortgages or loans: _____

6. Current Market Value of this property: \$ _____

How was this value determined? _____

7. 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**:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) 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**:

a) The name of the plan is: _____

b) The employer, union or group providing the plan is: _____

c) The date Petitioner began working at the job or joined the union or group plan is: _____

d) The type of plan is: (e.g. defined benefit, defined contribution) _____

e) 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

If **YES**:

a) The account number is: (last 4 digits only) _____

b) The name of the bank that has the account is: _____

c) 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

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

a) The name of the plan is: _____

- b) The employer, union or group providing the plan is: _____
- c) The date Respondent began working at the job or joined the union or group plan is:

- d) The type of plan is: (e.g. defined benefit, defined contribution) _____

- e) The present value of the pension or plan is: _____

37. Debts

Does Petitioner have debt? YES NO

Does Respondent have debt? YES NO

If YES, list debts in Petitioner's name, Respondent'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		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total Debt				\$	\$

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**, has Petitioner given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13? YES NO

Does Respondent want to change his/her name? YES NO If **YES**, answer (d) through (f) below:

d. Respondent’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

Respondent wants to change to this name is: _____

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

True False

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

If **YES**, has Respondent given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13? YES NO

39. Other Findings

BASED UPON THE ABOVE INFORMATION, Petitioner and Respondent request that the Court issue a final judgment and decree according to the terms of their Agreement, as follows:

CONCLUSIONS OF LAW

1. The bonds of matrimony between Petitioner and Respondent are dissolved, so they are single and not married.
2. 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 joint child of the parties as follows:

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

3. 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 joint children of the parties as follows:

Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <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 shall be scheduled 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 supercede the regular parenting schedule.

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

Holidays _____

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

Other _____

d. Under the above Schedule:

The children are with Petitioner:

- less than 10% of the time
- 10-45% of the time
- 45.1-50% of the time
- more than 50% of the time

The children are with Respondent:

- less than 10% of the time
- 10-45% of the time
- 45.1-50% of the time
- more than 50% of the time

5. Basic Support for the Children

(Choose a. or b.)

- a. Petitioner Respondent shall pay to Petitioner Respondent \$ _____
per month starting on (date): _____ as the basic support obligation for
the parties' minor child(ren). Any past due amounts of child support are still owed.

If this amount is more or less than the basic support obligation under Minnesota laws, the facts supporting
the deviation from the basic amount are: _____

The monthly amount shall be:

- subject to income withholding from the payor's income, regardless of source, by his or her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying child support is self-employed, send payments to Minnesota Child Support Payment Center, P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or Respondent must apply for IV-D services or income withholding-only services at the**

Child Support office in the County where the children live. Until income withholding starts, the person owing support shall pay the other parent directly.

OR

The monthly amount shall be paid directly by the parent owing the child support to the parent receiving the child support , payable on the _____ day of each month.

b. Child Support shall be reserved because: _____

Either party can ask the court to order the payment of child support in the future by filing a Motion stating that there is a change in circumstances.

6. **Medical and Dental Insurance for the Minor Children**

Ordering Medical insurance as follows:

a. Petitioner Respondent shall provide medical insurance for the minor child(ren) child(ren) through his/her **employer** or union. The other parent must pay a pro rata share of the health coverage costs by paying _____ OR pay nothing toward the medical insurance costs because he/she is financially unable to contribute to the costs.

OR

b. Petitioner Respondent shall provide **medical** insurance for the minor child(ren) by obtaining and paying for **private insurance**. The other parent must pay a pro rata share of the health coverage costs by paying _____
_____ OR pay nothing toward the medical insurance costs because he/she is financially unable to contribute to the costs.

OR

c. Petitioner Respondent shall pay \$ _____ per month, per child, as reimbursement for Medical Assistance or Minnesota Care, payable by income withholding through the Minnesota Child Support Payment Center, provided Medical Assistance or Minnesota Care is open for the child(ren).

OR

d. Reserving the issue of medical insurance for the minor children.

Ordering **Dental** Insurance as follows:

a. Petitioner Respondent shall provide **dental** insurance for the minor child(ren) through his/her **employer or union**. The other parent must pay a pro rata share of the dental coverage costs by paying _____
_____ OR pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

OR

b. Petitioner Respondent shall provide **dental** insurance for the minor child(ren) by obtaining and paying for **private insurance**. The other parent must pay a pro rata share of the dental coverage costs by paying _____
_____ OR pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

OR

c. **Reserving** the issue of dental insurance.

Other: _____

_____.

7. **Uninsured and Unreimbursed Medical and Dental Expenses for the Children**

a. Petitioner shall pay _____ % of the uninsured and/or unreimbursed medical and dental costs for the minor child(ren) of the parties, and Respondent shall pay _____ % based on the percentage share of combined PICS (parental income for determining child support.)

OR

b. Reserving the issue of uninsured and unreimbursed medical and dental costs.

"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. Usually the parent with physical custody of the child will receive and pay the bill for the unreimbursed costs.

The parent who paid the bill must ask the other parent to pay his/her percentage share. To ask for payment, send to the other parent a) a copy of the bill, b) evidence that you have paid the bill, and c) a letter requesting payment to you in the amount of \$_____. This request for payment should be made

promptly, and no later than 3 months after the bill is paid. If a request for payment is made after 3 months, there must be exceptional circumstances to support the late request for payment.

The person receiving the request for payment shall make the payment within 30 days. If there is a good reason to question the payment, send a letter to the other parent stating what additional information is needed, or why payment is disputed. If neither payment nor a written letter disputing payment is sent within 30 days of receiving the request for payment, then the unpaid bill can be considered back due child support.

If the parents are not able to work out payment problems, either parent can bring a motion in Court asking the Court to decide the dispute, or asking the Court to adjust how they divide the bills, based on changes in the incomes of the parents.

8. Medical and Dental Insurance for the Parties

- a. Each party shall provide for his or her own medical dental insurance.
- b. _____ (full name) shall 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. Petitioner shall pay \$_____ per month for child care expenses, and Respondent shall pay \$_____ per month for child care expenses; OR
- b. Reserving the issue of child care expenses.

10. Spousal Maintenance

- a. Maintenance is denied to Petitioner and Respondent forever. The court is divested of jurisdiction over spousal maintenance.
- b. Maintenance is reserved because: _____
_____.

Either party can ask the court to order the payment of spousal maintenance in the future by filing a Motion stating a change in circumstances.

c. Petitioner Respondent shall pay permanent spousal maintenance to the other party in the amount of \$_____per month starting on (date):_____. Any past due amounts are still owed.

d. Petitioner Respondent shall pay temporary spousal maintenance to the other party in the amount of \$_____per month starting on (date):_____and ending on (date):_____. Any past due amounts are still owed.

The monthly amount of permanent or temporary spousal maintenance shall be:

subject to income withholding from the payor's income, regardless of source, by his or her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying spousal support is self-employed, send payments to Minnesota Child Support Payment Center, P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or Respondent must apply for income withholding at the Child Support office in their County.** Until income withholding starts, the person owing maintenance shall pay the amount directly to the spouse receiving it.

OR maintenance shall be paid directly by the spouse owing the maintenance to the spouse receiving it, payable on the _____day of each month.

11. **Vehicles** The vehicles are awarded as follows, and the party receiving the vehicle shall pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

12. **Marital Property**

The parties' marital property, household goods, furniture and furnishings are awarded:

- a. As currently divided **OR**
- b. As follows (add pages if necessary):

To Petitioner: _____

To Respondent: _____

13. Non-Marital Property

The parties' non-marital property is awarded:

- a. As currently divided **OR**
- b. As follows (add pages if necessary):

To Petitioner: _____

To Respondent: _____

14. Cash and Accounts

a. Awarding the savings and investments as follows:

Institution	Type of Account	Account # (Last 4 digits only)	Amount	Awarded to
		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

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:

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 conditions or agreements:

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

Other conditions or agreements about the property: _____

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: _____

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 conditions or agreements:

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

Other conditions or agreements about the property: _____

19. Retirement Funds

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

100% to Petitioner **OR**

Other (describe fully): _____

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

100% to Respondent **OR**

Other (describe fully): _____

20. Debts

a. The debts are divided as follows. The person ordered to pay a debt shall hold the other person harmless from any responsibility for the debt.

24. Petitioner and Respondent agree that after a Judgment and Decree has been entered herein, Petitioner may have a third party, age 18 or older, serve the *Judgment and Decree* upon Respondent by mailing it to Respondent's last known address by first class U.S. mail, postage prepaid. The parties agree that service by mail instead of personal service shall constitute proper service of the *Judgment and Decree* for all purposes. Petitioner is responsible for filing an Affidavit of Service of the Judgment of Decree in the court file.

STATE OF MINNESOTA
COUNTY OF _____)SS
(County where document is signed)

STATE OF MINNESOTA
COUNTY OF _____)SS

DATED: _____

DATED: _____

Signature of Petitioner
(Do NOT sign unless in presence of Notary Public)

Signature of Respondent
(Do NOT sign unless in presence of Notary Public)

Subscribed and sworn to before me this
_____ day of _____, _____

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public/Deputy Court Administrator

Notary Public/Deputy Court Administrator

Petitioner: is not represented by an attorney is represented by the following attorney:
Attorney's Name: _____
Attorney's ID #: _____ Telephone: _____
Attorney's Address: _____
City, State, Zip: _____

Respondent: is not represented by an attorney is represented by the following attorney:
Attorney's Name: _____
Attorney's ID #: _____ Telephone: _____
Attorney's Address: _____
City, State, Zip: _____

By _____
Attorney for Petitioner

By _____
Attorney for Respondent

PETITIONER’S WAIVER OF COUNSEL

I, _____, know I have the right to be represented by a lawyer of my choice. I hereby expressly waive that right and I freely and voluntarily sign the foregoing Marital Termination Agreement. I understand that an attorney would be helpful in determining the issues contained in the foregoing Marital Termination Agreement; however, I specifically decline to so retain independent counsel.

Date

Signature of Petitioner

RESPONDENT'S WAIVER OF COUNSEL

I, _____ declare as follows:

1. I know I have the right to be represented by an attorney of my choice. I hereby expressly waive that right and I freely and voluntarily sign the foregoing *Marital Termination Agreement*.
2. I understand that an attorney would be helpful in determining issues contained in the foregoing *Marital Termination Agreement*; however, I specifically decline to retain independent counsel.
3. I hereby expressly waive any right to contest the agreements set forth in the foregoing *Marital Termination Agreement* and I waive the thirty (30) days period to answer.
4. My spouse may proceed to judgment pursuant to the terms of said *Marital Termination Agreement* as if by default, and without further notice to me.

Date: _____

Signature of Respondent