

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS  
IN THE COURT OF CENTRAL JURISDICTION**

District 1

District 2

District 3

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**In Re the Marriage of:**

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

\_\_\_\_\_  
Name of Spouse A (first, middle, last)

and

**PETITION FOR MARRIAGE  
DISSOLUTION<sup>1</sup>**

\_\_\_\_\_  
Name of Spouse B (first, middle, last)

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This is a Petition for Marriage Dissolution. The parties  are filing jointly  are not filing jointly. This Petition  concerns the parties' minor child(ren)  does not concern any child(ren).

**1. Information about Spouse A.**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Spouse A's Former or Other Names or write "None."

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

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

Resides on Mille Lacs Band Territory?  Yes  No

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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<sup>1</sup> Governed by Minn. Stat. § 518.06 et seq. pursuant to 24 MLBS § 2007.

Spouse A is:  a Mille Lacs Band Member  not a member of any American Indian/Alaska Native band/tribe  an enrolled member of another American Indian/Alaska Native band/tribe

List name of Spouse A's band/tribe: \_\_\_\_\_

Spouse A's Social Security Number is listed on Confidential Form 11.1 and submitted along with this Petition.

**2. Information about Spouse B.**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Spouse B's Former or Other Names or write "None."

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

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

Resides on Mille Lacs Band Territory?  Yes  No

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Spouse B is:  a Mille Lacs Band Member  not a member of any American Indian/Alaska Native band/tribe  an enrolled member of another American Indian/Alaska Native band/tribe

List name of Spouse A's band/tribe: \_\_\_\_\_

Spouse B's Social Security Number is listed on Confidential Form 11.1 and submitted along with this Petition.

**3. The Marriage**

The parties were married on (month, day, year) \_\_\_\_\_  
in the Town/City of \_\_\_\_\_, State of \_\_\_\_\_.

**4. 180-Day Requirement**

A. Spouse A has been living in Minnesota for the past six (6) months:  Yes  No

- B. Spouse B has been living in Minnesota for the past six (6) months:  Yes  No
- C. The parties were married in Minnesota, but neither Spouse A nor Spouse B reside in Minnesota, nor reside in a jurisdiction that will maintain an action for dissolution because of the sex or sexual orientation of the parties.  Yes  No

**5. Armed Forces**

- A. Spouse A is an active duty member of the armed forces:  Yes  No  
**IF YES**, has Spouse A been stationed in Minnesota for the past six (6) months?  Yes  No
- B. Spouse B is an active duty member of the armed forces:  Yes  No  
**IF YES**, has Spouse B been stationed in Minnesota for the past six (6) months?  Yes  No

**6. Marriage Cannot Be Saved**

There has been an irretrievable breakdown of the marriage relationship.

**7. Physical Living Situation**

Do Spouse A and Spouse B live together at this time?  Yes  No

**IF NO**, the date we separated was (month, day, year): \_\_\_\_\_

**IF YES**, Spouse A and Spouse B are living together at this time because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Other Proceedings**

- A. Has a separate court case for marriage dissolution, legal separation, child custody, paternity or annulment been started by either spouse in any other court?  Yes  No

**IF YES**, the type of court case is \_\_\_\_\_

and it was started in the \_\_\_\_\_ Court

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 child support case been started involving Spouse A and Spouse B or their child(ren)?  Yes  No

**IF YES**, the type of court case is \_\_\_\_\_

and it was started in the \_\_\_\_\_ Court

in the State of \_\_\_\_\_, and the court file number is \_\_\_\_\_

and the status or outcome of the case is:  open  closed  unknown

or \_\_\_\_\_.

## 9. Protection or Harassment Order

- A. An *Order for Protection from Domestic Abuse* or a *Harassment Restraining Order* is in effect regarding Spouse A and Spouse B:  Yes  No

**IF YES**, the *Order* protects:  Spouse A  Spouse B  The child(ren)

The *Order* was issued by \_\_\_\_\_ Court, on

(month, day, year) \_\_\_\_\_ and the court file number is

\_\_\_\_\_.  A copy of the *Order* is attached to this Petition.

- B. If an *Order for Protection* is in effect, does the *Order for Protection* include a child support obligation?  Yes  No

## 10. Child Protection Case

*(If no children are the subject of this Petition, skip to #18.)*

- A. Has a child protection case involving Spouse A and Spouse B's child(ren) taken place?  Yes  No

**IF YES**, the case is in the \_\_\_\_\_ Court in

the State of \_\_\_\_\_ and the court file number is: \_\_\_\_\_.

The name(s) of the child(ren) involved in the child protection case is/are:

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

**11. Joint Child(ren) Spouses Have Together**

A. "Child" means a living person under the age of 18, or under the age of 20 and still in high school. List all joint children born before the marriage, or born or adopted during the marriage. If no joint children, list "None."

Child's Full Name	Date of Birth	Child Currently Lives With
		<input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both parents OR <hr/> Other Person's Name
		<input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both parents OR <hr/> Other Person's Name
		<input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both parents OR <hr/> Other Person's Name
		<input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both parents OR <hr/> Other Person's Name
		<input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both parents OR <hr/> Other Person's Name

The Social Security number of the child(ren) is/are listed on Confidential Form 1.1 and submitted along with this Petition.

If a child(ren) is/are living with someone other than a parent, write the child(ren)'s address below:

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

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Town/City

B. Has each child born to or adopted by Spouse A and Spouse B together lived in Minnesota for the past six (6) months?  Yes  No

If **NO**, name the child(ren), list the state(s) the child(ren) has lived in during the past six (6) months, and the dates the child(ren) lived in each state:

Child's Name	State Lived In	Dates

**12. Adult Dependent Children**

Child support may be ordered for the parties' joint child(ren) over the age of 18 who cannot support him/her/their self/selves because of a physical or mental condition.

Is there an adult joint child who is not able to support him/her/their self because of a physical or mental condition?  Yes  No

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

Dependent's Name	Date of Birth	Age

The Social Security number of the adult dependent child(ren) is/are listed on Confidential Form 1.1 and submitted along with this Petition.

**13. Pregnancy**

A. Is Spouse A pregnant?  Yes  No

If Spouse A is pregnant, answer (i) and (ii):

i. The baby's due date is: \_\_\_\_\_

ii. Do the parties agree that Spouse B is the biological parent of the unborn child?  Yes  No

If **NO**,  Spouse B  Spouse A claims that Spouse B is not the biological parent of the child.

B. Is Spouse B pregnant?  Yes  No

If Spouse B is pregnant, answer (i) and (ii):

- i. The baby's due date is: \_\_\_\_\_
- ii. Do the parties agree that Spouse A is the biological parent of the unborn child?  Yes  No

If **No**,  Spouse A  Spouse B claims that Spouse A is not the biological parent of the child.

**14. Spouse A's Child(ren) from Other Relationship(s) (Non-Joint Child(ren))**

- A. Does Spouse A have a minor child(ren) born prior to the marriage from another marriage or relationship?  Yes  No

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

Child's Name	Date of Birth	Does Child Live with Spouse A?	Is Spouse A 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 Spouse A given birth during the marriage to a minor child who is not a child of Spouse B?  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 Spouse A since marrying Spouse B, who is not a child of Spouse B.

Child's Name	Date of Birth	Age	Does Child Live with Spouse A?	Is Spouse A 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

- (ii.) Is there a Court Order naming someone other than Spouse B 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:

\_\_\_\_\_  
Name(s) of Child(ren)

- (iii.) Have Spouse A and the biological father signed a Minnesota Recognition of Parentage (ROP) for any of the child(ren) listed in (i.) above?  Yes  No

If **YES**, state the name of the child(ren): \_\_\_\_\_  
Name of Child(ren)

and attach a copy of the Recognition of Parentage.

If **NO**, why not?

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

- (iv.) Has Spouse B signed the Minnesota Voluntary Recognition of Parentage Spouse's Non-Parentage Statement for any of the child(ren) listed at (i.) above?  Yes  No

If **YES**, state the name of the child(ren): \_\_\_\_\_  
Name of Child(ren)

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

If **NO**, why not?

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

**15. Spouse B's Child(ren) from Other Relationship (Non-Joint Child(ren))**

- A. Does Spouse B have a minor child(ren) born prior to the marriage from another marriage or relationship?  Yes  No

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

Child's Name	Date of Birth	Does Child Live with Spouse B?	Is Spouse B 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
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B. Has Spouse B given birth during the marriage to a minor child who is not a child of Spouse A?  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 Spouse B since marrying Spouse A, who is not a child of Spouse B.

Child's Name	Date of Birth	Does Child Live with Spouse B?	Is Spouse B 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

(ii.) Is there a Court Order naming someone other than Spouse A 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(s) of child(ren)

(iii.) Have Spouse B and the biological father signed a Minnesota Recognition of Parentage (ROP) for any of the child(ren) listed in (i.) above?  Yes  No

If **YES**, state the name of the child(ren): \_\_\_\_\_  
Name of Child(ren)  
 and attach a copy of the Recognition of Parentage.

**If NO**, why not?

\_\_\_\_\_

\_\_\_\_\_

(iv.) Has Spouse A signed the "Spouse's Non-Parentage Statement" for any of the child(ren) listed at (i.) above?  Yes  No

If **YES**, state the name of the child(ren): \_\_\_\_\_  
Name of Child(ren)

and **submit a copy of the “Spouse’s Non-Parentage Statement.”**

If **NO**, why not?

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**16. Custody**

**A. Legal Custody**

- Both spouses agree
- The spouses do NOT agree and Spouse A states
- The spouses do NOT agree and Spouse B states that it is in the child(ren)’s best interest that the Court grant
- Joint legal custody to both parents
- Sole legal custody to  Spouse A  Spouse B

**B. Physical Custody**

- Both spouses agree
- The spouses do NOT agree and Spouse A states
- The spouses do NOT agree and Spouse B states that it is in the child(ren)’s best interest that the Court grant
- Joint physical custody to both parents
- Sole physical custody to  Spouse A  Spouse B

**17. Parenting Time**

**A. Spouse A**

- Both spouses agree that
- Spouse A’s position is that

Spouse B’s parenting time with the joint child(ren) should be:  unsupervised  supervised.

For **supervised** parenting time--supervision is necessary because unsupervised parenting time is likely to endanger the child(ren)’s physical or emotional health or impair the child(ren)’s emotional development. The circumstances supporting this position are:

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

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**B. Spouse B**

- Both spouses agree that
- Spouse B's position is that

Spouse A's parenting time with the joint child(ren) should be:  unsupervised  supervised.

For **supervised** parenting time-supervision is necessary because unsupervised parenting time is likely to endanger the child(ren)'s physical or emotional health or impair the child(ren)'s emotional development. The circumstances supporting this position are:

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

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**18. Public Assistance**

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, notice of this marriage dissolution action must be given to the county's collections and support office. See Minn. Stat. § 518A.44.

A. Spouse A receives public assistance from the State of Minnesota:  Yes  No

If **YES**, the assistance is from \_\_\_\_\_ County and is in the following form (check all that apply):

- MFIP (Minnesota Family Investment Program) in the monthly amount of

\$\_\_\_\_\_.

Tribal TANF (Temporary Assistance to Needy Families) in the monthly amount of

\$\_\_\_\_\_.

General Assistance in the monthly amount of \$\_\_\_\_\_.

Medical Assistance

Childcare Assistance                       MinnesotaCare

B. Spouse B receives public assistance from the State of Minnesota:                       Yes    No

If **YES**, the assistance is from \_\_\_\_\_ County and is in the following form (check all that apply):

MFIP (Minnesota Family Investment Program) in the monthly amount of

\$\_\_\_\_\_.

Tribal TANF (Temporary Assistance to Needy Families) in the monthly amount of

\$\_\_\_\_\_.

General Assistance in the monthly amount of \$\_\_\_\_\_.

Medical Assistance

Childcare Assistance                       MinnesotaCare

C. The parties' joint child(ren) 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

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

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

A. Spouse A receives Supplemental Security Income (SSI):                       Yes    No

IF YES, in the monthly amount of \$\_\_\_\_\_.

B. Spouse B receives Supplemental Security Income (SSI):                       Yes    No

IF YES, in the monthly amount of \$\_\_\_\_\_.

C. The parties' joint child receive Supplemental Security Income (SSI):                       Yes    No

IF YES, in the monthly amount of \$\_\_\_\_\_.

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

**20. Spouse A's Employment**

- A. Spouse A is employed?  Yes  No
- B. Spouse A is self-employed?  Yes  No
- C. Spouse A works at least 40 hours per week?  Yes  No

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

(i.) Why is Spouse A unemployed or working less than 40 hours a week?

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

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

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

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

\_\_\_\_\_  
Name of Spouse A'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
Is Spouse A paid by the hour or salaried?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
What is the average number of hours Spouse A works per week?	_____ hours	_____ hours
How much overtime pay does Spouse A receive per week on average?	\$ _____	\$ _____

Questions about Current Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Does Spouse A receive bonuses?	If YES, how much was received in bonuses last year? \$ _____	If YES, how much was received in bonuses last year? \$ _____
	How much does Spouse A expect to receive this year? \$ _____	How much does Spouse A expect to receive this year? \$ _____

**21. Spouse A's Other Income**

Source of Income	Monthly Amount (before deductions & taxes)
Self-employment income <i>(Self-employment income means gross receipts minus cost of goods sold, minus ordinary and necessary business expenses.)</i>	\$ _____
Job with <i>(list employer)</i>  <i>(Monthly income from a job = Hourly Wage x Hours Worked Per Week x 4.33 (weeks per month))</i>	
Second job with <i>(list employer)</i> :	
Commissions from all jobs	
Unemployment benefits	
Social Security Retirement, Survivors or Disability Income (RSDI) <i>(do not include SSI)</i>	
Investment and rental income	
Mille Lacs Band per capita payments	
Pension or disability from work or military	
Worker's Compensation	
Court-ordered spousal maintenance received	
Other income <i>(describe)</i> :	
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>

Enter the amount of child support Spouse A is court-ordered to pay for any non-joint children.	
Enter the amount of spousal maintenance Spouse A is court-ordered to pay a current or former spouse	
Enter the amount of Social Security or Veteran's Benefits received by a joint child because of Spouse A's retirement, disability, or other eligibility. Which parent receives payments for the child? <input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B	

**22. Family Living Expenses**

A. Spouse A and Spouse B and their child(ren) (if any) are still living together.

Current monthly living expenses for the family total \$ \_\_\_\_\_.

B. Spouse A and Spouse B are living separately.

The monthly family living expenses **before** separation totaled \$ \_\_\_\_\_.

At this time, Spouse A's separate monthly living expenses total \$ \_\_\_\_\_ and

Spouse B's monthly living expenses total \$ \_\_\_\_\_.

Of the total current monthly living expenses for Spouse A, \$ \_\_\_\_\_ is for expenses just for the joint child(ren) that live with Spouse A. Of the current monthly living expenses for Spouse B, \$ \_\_\_\_\_ is just for the joint child(ren) that live with Spouse B.

**23. Special Needs Child Expenses**

A. Is there a joint child of the parties who has special needs and extraordinary medical expenses?  Yes  No

If YES, child with special needs full name: \_\_\_\_\_

Describe the needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Does Spouse A's monthly expenses (stated at #22) include the special needs expenses for the child?  Yes  No

C. Does Spouse B's monthly expenses (stated at #22) include the special needs expenses for the child?  Yes  No

**24. Spouse B's Employment**

- A. Spouse B is employed?  Yes  No
- B. Spouse B is self-employed?  Yes  No
- C. Spouse B works at least 40 hours per week?  Yes  No

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

(i.) Why is Spouse B unemployed or working less than 40 hours a week?

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

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

\_\_\_\_\_  
Name of Spouse B'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
Is Spouse B paid by the hour or salaried?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
What is the average number of hours Spouse B works per week?	_____ hours	_____ hours
How much overtime pay does Spouse B receive per week on average?	\$ _____	\$ _____

Questions about Current Jobs	1 <sup>st</sup> Job	2 <sup>nd</sup> Job
Does Spouse B receive bonuses?	If YES, how much was received in bonuses last year? \$ _____	If YES, how much was received in bonuses last year? \$ _____
	How much does Spouse B expect to receive this year? \$ _____	How much does Spouse B expect to receive this year? \$ _____

## 25. Spouse B's Other Income

Source of Income	Monthly Amount (before deductions & taxes)
Self-employment income <i>(Self-employment income means gross receipts minus cost of goods sold, minus ordinary and necessary business expenses.)</i>	\$ _____
Job with <i>(list employer)</i>  <i>(Monthly income from a job = Hourly Wage x Hours Worked Per Week x 4.33 (weeks per month))</i>	
Second job with <i>(list employer)</i> :	
Commissions from all jobs	
Unemployment benefits	
Social Security Retirement, Survivors or Disability Income (RSDI) <i>(do not include SSI)</i>	
Investment and rental income	
Mille Lacs Band per capita payments	
Pension or disability from work or military	
Worker's Compensation	
Court-ordered spousal maintenance received	
Other income <i>(describe)</i> :	
<b>TOTAL MONTHLY INCOME:</b>	\$ _____
Enter the amount of child support Spouse B is court-ordered to pay for any non-joint children.	

Source of Income	Monthly Amount (before deductions & taxes)
Enter the amount of spousal maintenance Spouse B is court-ordered to pay a current or former spouse	\$ _____
Enter the amount of Social Security or Veteran's Benefits received by a joint child because of Spouse B's retirement, disability, or other eligibility. Which parent receives payments for the child? <input type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B	

**26. Childcare Costs**

Are there childcare costs for the joint child(ren) because of work or school?  Yes  No

If YES,

A. How many of the joint child(ren) need childcare?  One  Two  Three  \_\_\_\_\_

B. How much does the daycare center(s) or babysitter charge per month? \$ \_\_\_\_\_

C. Does the County or Band child support agency pay for childcare through a subsidy or childcare assistance?

Yes, childcare assistance is being received.

Spouse A's  Spouse B's co-pay per month is \$ \_\_\_\_\_

No, there is no County or Band childcare assistance received.

D.  The parties do NOT have an agreement regarding their respective proportional share of childcare costs OR

E.  The parties agree that Spouse A should pay \$ \_\_\_\_\_ per month for his/her/their proportional share of childcare costs and Spouse B should pay \$ \_\_\_\_\_ per month for his/her/their proportional share of childcare costs. These amounts  are  are not based upon calculations using the child(ren) support guidelines worksheet.

**27. Health Care Coverage**

A. Who receives MinnesotaCare, Medical Assistance, or Circle of Care coverage?

Spouse A  Spouse B  Joint Child(ren)  No one

B. Does Spouse A currently have medical insurance? (other than MinnesotaCare, Medical Assistance, or Circle of Health)  Yes  No. If NO, skip to C.

(i.) Where does Spouse A get the medical insurance?

through 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 covered by this medical insurance?

Spouse A     Spouse B     Joint child(ren)     Some of the joint children

Name(s) of the joint child(ren) who are covered \_\_\_\_\_

\_\_\_\_\_  
 Non-joint child(ren) covered

C. Does Spouse A have dental insurance?

Yes     No

(other than MinnesotaCare or Medical Assistance)

(i.) Where does Spouse A get the dental insurance?

through employment     buys private dental insurance

(ii.) How much does the dental insurance cost?

\$ \_\_\_\_\_ per month for single coverage

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

\$ \_\_\_\_\_ per month for family coverage

Dental is included in the medical insurance cost.

(iii.) Who is covered by this dental insurance?

Spouse A     Spouse B     Joint child(ren)     Some of the joint children

Name(s) of the joint child(ren) who are covered \_\_\_\_\_

\_\_\_\_\_  
 Non-joint child(ren) covered

D. Does Spouse B currently have medical insurance?

Yes     No

(other than MinnesotaCare, Medical Assistance, or Circle of Health)

(i.) Where does Spouse B get the medical insurance?

through 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 covered by this medical insurance?

Spouse A     Spouse B     Joint child(ren)     Some of the joint children

Name(s) of the joint child(ren) who are covered \_\_\_\_\_

\_\_\_\_\_

Non-joint children covered

E. Does Spouse B have dental insurance?  Yes  No  
(other than MinnesotaCare or Medical Assistance)

(i.) Where does Spouse B get the dental insurance?

through employment  buys private dental insurance

(ii.) How much does the dental insurance cost?

\$ \_\_\_\_\_ per month for single coverage

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

\$ \_\_\_\_\_ per month for family coverage

Dental is included in the medical insurance cost.

(iii.) Who is covered by this dental insurance?

Spouse A  Spouse B  Joint child(ren)  Some of the joint children

Name(s) of the joint child(ren) who are covered \_\_\_\_\_

Non-joint child(ren) covered

F. The joint child(ren) currently have health care coverage?  Yes  No

G. If the joint child(ren) is/are without health care coverage is coverage available for purchase through Spouse A's or Spouse B's employer?  Yes  No

H. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 28. Basic Child Support

Basic support is for a child's housing, food, clothing, transportation, education costs, and other expense related to the child's care. Choose Option **A** or **B** below:

### Option A (Guideline Amount)

Spouse A  Spouse B shall pay basic support to the other party in the amount of

\$ \_\_\_\_\_ per month by the \_\_\_\_\_ day of the month, starting the first month after entry of the judgment for divorce. Payment shall be:

through income withholding

OR

paid directly by the parent owing the child support to the parent receiving the child support.

The amount is based on the calculations from the child support guidelines worksheet, which is attached and incorporated into this Petition.

**OR**

**Option B (Deviation from Guidelines)**

Spouse A  Spouse B shall pay basic support to the other party in the amount of \$\_\_\_\_\_ per month by the \_\_\_\_\_ day of the month, starting the first month after entry of the judgment for divorce. Payment shall be:

through income withholding

**OR**

paid directly by the parent owing the child support to the parent receiving the child support.

This amount is a deviation from the guidelines, which are attached and incorporated into this Petition. The parties agree that this amount adequately meets the needs of the child(ren) and is in the best interests of the child(ren). The facts supporting the deviation from the guidelines are:

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**29. Spousal Maintenance**

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

**Check only one box:**

Spouse A and Spouse B do not need spousal maintenance at this time, or in the future. Both parties agree that each party is fully capable of self-support and is not dependent upon the other for additional support in the form of spousal maintenance. Each party has made a full and fair disclosure of all income and assets and liabilities that each is responsible for and agrees that this waiver is reasonable. The waiver is fair and equitable and is supported by the above consideration and was signed by both parties after full financial disclosure to each other.

Spouse A or Spouse B 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 (provide explanation):

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A.  Spouse A needs spousal maintenance from Spouse B now.

Spouse A is \_\_\_\_\_ years of age. Spouse A and Spouse B have been married for \_\_\_\_\_ years.

Spouse A has the following education: \_\_\_\_\_

Spouse A's gross monthly income totals \$\_\_\_\_\_. Spouse A's monthly expenses total \$\_\_\_\_\_ and Spouse A is not able to maintain the standard of living established during the marriage because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse B has the ability to pay Spouse A \$\_\_\_\_\_ per month for spousal maintenance.

B.  Spouse B needs spousal maintenance from Spouse A now.

Spouse B is \_\_\_\_\_ years of age. Spouse A and Spouse B have been married for \_\_\_\_\_ years.

Spouse B has the following education: \_\_\_\_\_

Spouse B's gross monthly income totals \$\_\_\_\_\_. Spouse B's monthly expenses total \$\_\_\_\_\_ and Spouse A is not able to maintain the standard of living established during the marriage because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse A has the ability to pay Spouse B \$\_\_\_\_\_ per month for spousal maintenance.

**30. Name Change**

A.  Neither spouse wants to change his/her/their name.

B.  Spouse A wants to change his/her/their name to: *(write full name, not initials)*

Spouse A's name should be changed to:

\_\_\_\_\_

First

Middle

Last

(i.) This name request is made with no intent to defraud or mislead anyone.  True  False

(ii.) Spouse A has been convicted of a felony.  Yes  No

If YES:

- Notice of this request for name change has been given to the proper authority as required by Minn. Stat. § 259,13, (IMPORTANT NOTICE: If you are a convicted felon and you request a name change without following the requirements of Minn. Stat. § 259.13, using the new last name after your divorce is a gross misdemeanor.)
- An *Affidavit of Service* of the Notice marked as "Exhibit A" has been submitted along with this petition.

C.  Spouse B wants to change his/her/their name to: *(write full name, not initials)*

Spouse B's name should be changed to:

First	Middle	Last
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(i.) This name request is made with no intent to defraud or mislead anyone.  True  False

(ii.) Spouse B has been convicted of a felony.  Yes  No

If YES:

- Notice of this request for name change has been given to the proper authority as required by Minn. Stat. § 259,13, (IMPORTANT NOTICE: If you are a convicted felon and you request a name change without following the requirements of Minn. Stat. § 259.13, using the new last name after your divorce is a gross misdemeanor.)
- An *Affidavit of Service* of the Notice marked as "Exhibit A" has been submitted along with this petition.

**31. Other Findings**

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**VERIFICATION**

I declare under penalty of perjury that the information provided in this Petition for Marriage Dissolution and any attached documentation is true to the best of my knowledge, information, and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Spouse A's Signature

\_\_\_\_\_  
Spouse A's Printed Name

(If joint petition, Spouse B also signs.)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Spouse B's Signature

\_\_\_\_\_  
Spouse B's Printed Name