

Name and phone number of two persons (other than opposing party) who would be most likely to always know where you can be reached:

Name – Phone

Name – Phone

MINOR CHILDREN

Minor children born to, or adopted by you and other party:

Full Names of Joint Children	M/F	Birthdate	Age	Living with whom?

Are you/other party currently pregnant? Yes ___ No ___ If yes, due date: _____

Will custody of minor children be an issue? Yes ___ No ___

PARENT EDUCATION PROGRAM In proceedings where custody or parenting time of minor children is contested, Minnesota law requires that both parents attend a minimum of eight hours in a co-parenting orientation and education program. [See Minn. Stat. § 518.157.](#)

If you or other party have non-joint children, list each child's name, date of birth and age:

Full Name of Non-joint Children	M/F	Birthdate	Age	Indicate whose child: (Your's or Spouse's)

LEGAL CUSTODY In MN, “joint legal custody” is presumed to be in the children's best interests, and is normally ordered by the Court. Joint legal custody means that both parents have equal rights and responsibilities, including the right to participate in major decisions concerning a child's upbringing including education, healthcare and religious training. A party seeking sole legal custody is required to demonstrate that the parties can not work together or communicate in a civil manner. It may be ordered where there is a history of domestic abuse or violence, or where a parent has been absent from the children's lives.

Do you and the other parent agree about legal custody: Yes ____ No ____

Joint legal custody ____ or sole legal custody to which parent _____

Are you requesting that the other party’s parenting time should be supervised?

Yes ____ No ____ If yes, state in detail the reasons why? _____

PHYSICAL CUSTODY means the physical residence where the child/ren will reside. Are you asking the court to grant physical custody of the minor child/ren to:

Both parents jointly ____ you solely ____ other parent solely ____

Are you and the other parent in agreement regarding physical custody?

Yes ____ No ____ If yes, please set out schedule on the blank calendar below.

PARENTING TIME SCHEDULE Where both parents have been actively involved in the children's care, and when joint physical custody is appropriate, a common arrangement is the so-called “5-2-2-5” parenting schedule, where one parent has every Monday and Tuesday for an overnight, and the other parent has every Wednesday and Thursday for an overnight, with the parents alternating weekends, usually Friday to Monday morning (or Friday to Sunday evening). A calendar representation of this schedule is as follows:

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
One	Mom	Mom	Mom to school or childcare / Dad	Dad	Dad	Dad	Dad
Two	Dad	Dad to school or childcare /Mom	Mom	Mom to school or childcare / Dad	Dad	Dad to school or childcare / Mom	Mom

What parenting time schedule do you believe is best for your children?

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
One							
Two							

Are you and the other party in agreement regarding this schedule? Yes___ No_____

HOLIDAY PARENTING TIME – SAMPLE for illustration purposes only. Please *indicate holidays desired*, “even” and “odd” year parent, and *your* preferred times:

Holiday	Even years	Odd years
New Years Eve (12/31 @ 9:00 am – 1/1 @ 6:30 pm)		
MLK Day (3 rd Monday in January)		
Presidents Day (3 rd Monday in February)		
Passover		
Easter Sunday (9:00 am – to school the next morning)		
Spring School Break (From after school on last day of school – to school when school resumes)		
Ramadan		
Mother's Day	Mom	Mom
Memorial Day WE (Friday @ 9:00 am – to school on Tuesday morning)		
Eid al-Fitr		
Father's Day	Dad	Dad
Fourth of July (July 4 th @ 9:00 am - July 5 @ 9:00 am)		
Eid al-Adha		
Labor Day WE (Friday @ 9:00 am – to school on Tuesday morning)		
Rosh Hashanah		
MEA school break (3 rd Wed & Thur in October)		
Yom Kippur		
Halloween		
Thanksgiving Day (Thursday at 9:00 am – Friday at 9:00 am)		
Christmas Eve (12/24 @ 9:00 am 12/25 @ 9:00 am)		
Christmas Day (12/25 @ 9:00 am - 12/26 @ 9:00 am)		
Winter School Break		

CHILD CAREGIVING RESPONSIBILITIES

Complete only if you and other parent **do not agree** on legal or physical custody. Describe how caregiving responsibilities for your child/ren have historically been shared:

Caregiving Responsibility	Your %	Other Parent %
Purchasing of groceries		
Planning and preparing meals		
Dressing – bathing – grooming		
Purchasing and laundering of children's clothing		
Helping with homework		
Putting children to bed		
Tending to children during the night		
Getting children up, fed and ready in morning		
Bringing children to and from school or childcare		
Bringing children to and from school-related events or extracurricular activities		
Attending parent – teacher school conferences		
Discipline/manners		
Schedule and attend doctor and dentist appointments		
Other (please specify)		

EMPLOYMENT AND INCOME

a. Your Employment and Income.

Are you presently employed: Yes ____ No ____ If yes, specify:

Your employer: _____ Your occupation: _____

Address: _____

Length of time with this employer: _____

Other sources of income: _____

Your gross income (before taxes) per year: \$ _____

b. Other Party's Employment and Income.

Is other party presently employed: Yes _____ No _____ If yes, specify:

Other Party's employer: _____ Their occupation: _____

Address: _____

Length of time with this employer: _____

Other sources of income: _____

Other Party's gross income (before taxes) per year: \$ _____

c. Health and Dental Insurance.

Do you _____ or other party _____ provide health or dental insurance for the child/ren?

What is the cost for the child/ren ONLY \$ _____ per _____

Whom does this insurance presently cover: _____

d. Child Care Expenses.

Childcare including before or after-school care expenses: \$ _____ per _____

Who pays childcare expenses: You _____ Other parent _____

DEBTS ACQUIRED DURING REALTIONSHIP

NAME OF CREDITOR	REASON INCURRED	PERSON RESPONSIBLE	BALANCE OWED	MONTHLY PAYMENT

YOUR ESTIMATED MONTHLY LIVING EXPENSES

Expense	Current	Projected
Mortgage/Rent		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Dues		
Electricity		
Natural Heat – Propane – Heating Oil		
Home Maintenance		
Sewer & Water		
Trash Removal		
Cable/Satellite TV		
Internet Access		
Telephone service		
Food – groceries		
Food – dining out		
Clothing		
Laundry		
Uninsured medical expenses		
Vehicle payment		
Automobile insurance		
Automobile maintenance		
Fuel expense		
Healthcare insurance		
Life insurance		
Travel – Entertainment		
Charitable contributions		
Childcare Expenses		
Child/ren school lunches		
Child/ren other expenses		
Educational expenses for self		
Credit card payments		
Student loans		
Other loans (explain)		
TOTALS:		

LIFE INSURANCE

Do you _____ or other party _____ have any life insurance?

Yes _____ No _____ If yes, indicate:

Carrier: _____

Owner of policy: _____ Policy No.: _____

On life of: _____

Face amount \$ _____ Cash value \$ _____

Beneficiary(ies): _____

DOCUMENTS NEEDED

Please provide copies of the following documents:

1. Your 3 most recent pay statements.
2. The other party's 3 most recent pay statements – if available.
3. Your most recently filed state and federal income tax returns.
4. Recognition of Parentage signed by both parents.
5. Are you requesting DNA Parentage Testing: Yes _____ No _____
6. Copy of warranty **deed to** all jointly owned real estate, if any (a copy is usually included with the closing documents – *not* a property tax statement).

REFERRAL SOURCE

How were you referred to our office: _____

Name of person: _____

If internet, search term used: _____

REAL PROPERTY If you and other party purchased or own any real property together, please provide the following information:

Address of Property: _____

Legal description: **(PLEASE PROVIDE COPY OF DEED TO PROPERTY).**

Date purchased: _____ Purchase price:\$_____

Down payment: \$_____ Source of down payment: _____

Name in which real property is titled: _____

Mortgage type (1 st , 2 nd , Home equity line of credit, etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance owed

Amount you believe the property would sell for: \$_____

Monthly payment: \$_____

Are real estate taxes _____ and insurance _____ included in the mortgage or contract for deed payment? Yes _____ No _____

Cost of your homeowner's insurance per year: \$_____

Cost of real estate taxes per year: \$_____

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has the records? _____

Do you and other party agree on a way of distributing this property? Yes ____ No ____

Please list details of agreement: _____
