

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Dissolution without Children

In Re the Marriage of:

\_\_\_\_\_  
Name of Petitioner

**Petitioner's**  **Respondent's**

and

**Application  
for Temporary Relief  
Without Children**

\_\_\_\_\_  
Name of Respondent

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where *Affidavit* signed)

My name is \_\_\_\_\_ and I state under oath that I am the  
(*check one*):  Petitioner  Respondent in this case, and in this *Application for  
Temporary Relief*, I will be referred to as the:  Husband  Wife. I understand that  
as I fill out this *Application for Temporary Relief*, I am under oath and must tell the truth.

1. The parties were married on (*month/day/year*) \_\_\_\_\_. The  
Wife's age is \_\_\_\_\_ years and the Husband's age is \_\_\_\_\_ years.
  
2. The parties have been separated \_\_\_\_\_ month(s), during which time:  
 Wife  Husband has paid \$ \_\_\_\_\_ to the:  Wife  Husband.
  
3. a. The family home is:  owned  rented by the parties.  
  
The family home is now occupied by:  Wife  Husband  Both parties.  
  
Other person(s) live in the home (*please specify*): \_\_\_\_\_

b. The wife has \_\_\_\_\_ nonjoint child(ren) from a previous marriage or relationship.  
 The wife:  pays  receives \$ \_\_\_\_\_ per month for the support of the nonjoint child(ren).

c. The husband has \_\_\_\_\_ nonjoint child(ren) from a previous marriage or relationship.  
 The husband:  pays  receives \$ \_\_\_\_\_ per month for the support of the nonjoint child(ren).

4. The parties have the following assets:

Description of Asset	Wife uses or in wife's name	Husband uses or in Husband's name	Both use or in both names
a. Car market value	\$ _____	\$ _____	\$ _____
Balance due	\$ _____	\$ _____	\$ _____
Year/Make	_____/_____	_____/_____	_____/_____
b. Stocks, Bonds, Notes	\$ _____	\$ _____	\$ _____
c. Cash and Savings	\$ _____	\$ _____	\$ _____
d. Accounts Receivable	\$ _____	\$ _____	\$ _____
e. Homestead/Real Estate	\$ _____	\$ _____	\$ _____

5. Secured debts (not including those listed above and not including homestead; attach additional sheets, if necessary):

Name of Creditor	Balance Due	Monthly Payment	Party Obligated	Security Pledged
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

6. Necessary Monthly Expenses (for you and the child(ren) if the child(ren) live with you):

Monthly Expense	Wife/Husband Expenses	Nonjoint Child(ren) Expenses
a. Rent	\$ _____	\$ _____

b. Mortgage payment	\$ _____	\$ _____
c. Contract for Deed payment	\$ _____	\$ _____
d. Homeowner's insurance	\$ _____	\$ _____
e. Real Estate taxes	\$ _____	\$ _____
f. Utilities	\$ _____	\$ _____
g. Heat	\$ _____	\$ _____
h. Food	\$ _____	\$ _____
i. Clothing	\$ _____	\$ _____
j. Laundry and Dry Cleaning	\$ _____	\$ _____
k. Medical and Dental	\$ _____	\$ _____
l. Transportation	\$ _____	\$ _____
m. Car Insurance	\$ _____	\$ _____
n. Life Insurance	\$ _____	\$ _____
o. Recreation/Travel	\$ _____	\$ _____
p. Newspapers/Magazines	\$ _____	\$ _____
q. Social, Church obligations	\$ _____	\$ _____
r. Personal Allowances/Incidentals	\$ _____	\$ _____
s. Home Maintenance	\$ _____	\$ _____
t. Additional info ( <i>explain</i> ):	\$ _____	\$ _____
_____		
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

7. Provide the following data for each employer. Attach paycheck stub(s) for the last month, or if available, the last three month(s):

	<b>Husband</b>	<b>Wife</b>
a. Name of Employer	_____	_____
Type of Employment	_____	_____
b. Income:		
(1) Gross Income per month	\$ _____	\$ _____
(monthly income is to be calculated using a 4.3 multiple).		
(2) Statutory Deductions		

Federal Income Tax	\$ _____	\$ _____
State Income Tax	\$ _____	\$ _____
Social Security, FICA, Medicare	\$ _____	\$ _____
Pension Deduction	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/Hospitalization Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
<b>(3) Subtotal Statutory Deductions</b>	<b>\$ _____</b>	<b>\$ _____</b>
(4) Net Income (line 1 subtract line 3)	\$ _____	\$ _____
(5) Other Pay Deductions (specify)		
_____		
_____	\$ _____	\$ _____
<b>(6) Subtotal Other Deductions</b>	<b>\$ _____</b>	<b>\$ _____</b>
(7) Net Take Home Pay (line 4 subtract line 6)	\$ _____	\$ _____
c. Tax withholding figures above are based on Married/Single taxpayer status with what number of deductions (for example; M-4, S-2):		
	\$ _____	\$ _____
d. Employer reimbursed expenses	\$ _____	\$ _____
Specify: _____		
_____		
e. Other income		
(1) Public Assistance (AFDC/GA)	\$ _____	\$ _____
(2) Social Security Benefits for party or nonjoint child(ren)	\$ _____	\$ _____
(3) Unemployment/Worker's Comp.	\$ _____	\$ _____
(4) Interest income per _____	\$ _____	\$ _____
(5) Dividend income per _____	\$ _____	\$ _____
(6) Gross rental income	\$ _____	\$ _____

(7) Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

8. a. \$ \_\_\_\_\_ has been paid on wife's attorney's fees and costs.  
b. \$ \_\_\_\_\_ has been paid on husband's attorney's fees and costs.  
c. \$ \_\_\_\_\_ is reasonable for the:  Wife's  Husband's attorney's fees and costs.

9. Additional Material Facts:

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Based upon the above information, I ask the Court for an Order granting such relief prior to trial as may be just and lawful.

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

Signature of:  Petitioner  Respondent  
(Sign only in front of notary public or court administrator.)

Name: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator