

APPLICATION FOR TEMPORARY RELIEF

See Minn. Gen. R. Prac. 303.02

STATE OF MINNESOTA DISTRICT COURT

COUNTY

JUDICIAL DISTRICT	CASE NO.
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In Re The Marriage Of:

Petitioner,

And,

APPLICATION FOR TEMPORARY RELIEF

Respondent.

**STATE OF MINNESOTA
COUNTY OF _____**

_____, the Petitioner-Respondent hereinafter called Wife-Husband, being first duly sworn, upon oath, respectfully represents to the Court that:

1. The parties were married on _____; the Wife's age is ____; the Husband's age is _____.
2. The parties have been separated ____ months, during which the Husband-Wife has paid \$_____ to the Wife-Husband.
3. (a) There are _____ children of the parties, aged ____, ____, ____, ____, now in the care of the Wife-Husband at _____.
- (b) The family home is owned-rented by the parties and is now occupied by the Wife-Husband-both parties and _____.
- (c) For the best interests of the minor children, they should be in the temporary custody of the Husband-Wife.
- (d) The Wife has ____ minor children of a prior marriage. The amount of support received-paid is \$_____ per month.
- (e) The Husband has ____ minor children of a prior marriage. The amount of support received-paid is \$_____ per month.
4. The assets of the parties include:

APPROXIMATE MARKET VALUE AND ENCUMBRANCES

ITEM	WIFE	HUSBAND	JOINT TENANCY	ENCUMBRANCE
(a) Cars	\$	\$	\$	\$
(Year/Make)				
(b) Stocks, Bonds, Notes	\$	\$	\$	\$
(c) Cash and Savings	\$	\$	\$	\$
(d) Claims	\$	\$	\$	\$
(e) Accounts Receiv.	\$	\$	\$	\$
(f) Homestead	\$	\$	\$	\$

5. Secured Debts, not listed above (excluding homestead):

(a) Creditor	1.	2.	3.	4.
(b) Total Owing	\$	\$	\$	\$
(c) Monthly Pymt	\$	\$	\$	\$
(d) Party Obligated				
(e) Security Pledged				

6. Necessary Monthly Expenses:

	<u>P/R</u> <u>& Minor Children</u>	<u>Children's Portion</u>
Housing:		
Rent		
Mortgage		
Second mortgage		
Contract for deed		
Association fees		
Property taxes		
Home owner's insurance		
Renters insurance		
Home maintenance & repairs:		
House cleaning		
Lawn care		
Snow removal		
Decorating		
Carpet cleaning		
Furniture cleaning		
Home repairs & appliances		
Household supplies		
Utilities:		
Heat		
Electricity		
Telephone		
Water/sewage		
Refuse disposal		
Cable television		
Internet		
Food:		
Groceries		
Lunches at work		
Clothing and shoes		
Drycleaning & laundry		
Alterations & repairs		

Medical:		
Medical/hospitalization insurance		
Dental insurance		
Disability insurance		
Uninsured medical expense		
Uninsured dental expense		
Orthodontia		
Prescriptions		
Contacts/eyeglasses		
Counseling/therapy		
Transportation:		
Car payment		
Gasoline & oil		
Maintenance & repairs		
License		
Insurance		
Parking		
Motor clubs (e.g. AAA)		
Taxi/bus		
Dependent care:		
Child care/daycare		
Babysitting		
Children's school tuition		
Books		
Lunches		
Pictures		
Field trips		
Year books		
Allowance		
Tutoring		
School activities		
School supplies		
Sports equipment		
Musical instrument		
Special interests		
Summer camp		
Miscellaneous		
Wife\Husband School Expense:		
Tuition		
Books		
Other		
Children in College Expense:		
Tuition		
Books		
Room & board		
Transportation (to and from school)		
Spending money		

Sorority/Fraternity dues		
Personal allowances & incidentals:		
Hair care		
Cosmetics/toiletries		
Cigarettes/tobacco		
Beer, wine, liquor		
Other		
Recreation, travel & entertainment		
Movies, plays, sporting events		
Parties/home entertainment		
Dining out		
Vacations		
Other		
Pet Expense:		
Food		
Veterinary		
Other		
Debt Repayment:		
(itemize debts)		
Attorneys' fees		
Miscellaneous:		
Life insurance		
Gifts		
Health club dues		
Newspaper & magazines		
Donations		
Retirement savings		
Education savings		
General savings		
Postage		
Spending money		
Taxes on spousal maintenance (if not reflected in FinPlan calculations)		
TOTAL		

7. Employment Data: Provide the following data for each employer. Attach prior month's paycheck stub(s) as Exhibit.

	HUSBAND	WIFE
(a) Name of Employer		
Type of Employment		
(b) Income:		
1. Gross Income per _____	\$	\$
2. Statutory Deductions:	\$	\$
Federal Income Tax	\$	\$
State Withholding	\$	\$
Social Security (FICA)	\$	\$
Pension Deduction	\$	\$
Union Dues	\$	\$
Dependent Health/ Hospt. Coverage	\$	\$
3. Subtotal of Statutory Deductions	\$	\$
4. Net Income (line 1 – line 3)	\$	\$
5. Other Paycheck Deductions:		
Specify:	\$	\$
Specify:	\$	\$
6. Subtotal of other deductions	\$	\$
7. NET TAKE HOME PAY (line 4 – line 6)	\$	\$
(c) Tax withholdings above are based on married/single with # deductions		
(d) Employer reimb.expenses:		
Specify:		
(e) Other Income:		
1. Public Assistance	\$	\$
2. Social Security benefits	\$	\$
3. Unemploy/Workers Comp	\$	\$
4. Interest income per _____	\$	\$

5.Dividend income per _____	\$ _____	\$ _____
6.Gross Rental Income	\$ _____	\$ _____
7.Other Income	\$ _____	\$ _____

*Monthly Income is to be calculated using a 4.3 multiple.

8. (a) \$ _____ is a reasonable amount for temporary support for _____ children per month.
 (b) \$ _____ is a reasonable amount for temporary maintenance per month.
 (c) Payment should be made on _____.
9. (a) \$ _____ has been paid on the Wife's attorney fees and costs.
 (b) \$ _____ has been paid on the Husband's attorney fees and costs.
 (c) \$ _____ is reasonable for Wife-Husband's attorney fees and costs.

*Monthly income is to be calculated using a 4.3 multiple.

10. Additional Material Facts:

WHEREFORE, Petitioner-Respondent prays for an order granting such relief prior to trial as may be just and lawful.

_____ Petitioner-Respondent

Subscribed and sworn to before me this
 _____ day of _____, 2000.

 Notary Public