

FORM 1.

APPLICATION FOR TEMPORARY RELIEF

See Minn. R. Gen. Pract. 303.02.

STATE OF MINNESOTA
COUNTY OF _____
DISTRICT _____

DISTRICT COURT
JUDICIAL _____

In Re The Marriage Of:

Case No. _____

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	Encumbrances
(a) Cars (Year/Make)	\$_____ _____	\$_____ _____	\$_____ _____	\$_____ _____
(b) Stocks, Bonds, Notes	\$_____ _____	\$_____ _____	\$_____ _____	\$_____ _____
(c) Cash and Savings	\$_____ _____	\$_____ _____	\$_____ _____	\$_____ _____
(d) Claims	\$_____ _____	\$_____ _____	\$_____ _____	\$_____ _____
(e) Accounts Receivable	\$_____ _____	\$_____ _____	\$_____ _____	\$_____ _____
(f) Homestead	\$_____ _____	\$_____ _____	\$_____ _____	\$_____ _____

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

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

6. Necessary Monthly Expenses:

	Wife/Husband	Child(ren) (if separate)
(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 Drycleaning	\$ _____	\$ _____
(k) Medical and Dental	\$ _____	\$ _____
(l) Transportation (includes _____ car payment)	\$ _____	\$ _____
(m) Car Insurance	\$ _____	\$ _____
(n) Life Insurance	\$ _____	\$ _____
(o) Recreation, Entertainment, Travel	\$ _____	\$ _____
(p) Newspapers and Magazines	\$ _____	\$ _____
(q) Social and Church Obligations	\$ _____	\$ _____
(r) Personal Allowances and Incidentals	\$ _____	\$ _____
(s) Babysitting and Child Care	\$ _____	\$ _____
(t) Home Maintenance	\$ _____	\$ _____
(u) Children School Needs and Allowances	\$ _____	\$ _____
(v) Additional Information re: Debts and expenses	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
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/ Hospitalization Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(3) Subtotal of Statutory Deductions	\$ _____	\$ _____
(4) Net Income (line 1 - line 3)	\$ _____	\$ _____

(5) Other Paycheck Deductions: Specify _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
(6) Subtotal: (Other Deductions)	\$ _____	\$ _____
(7) NET TAKE HOME PAY (line 4 - line 6)	\$ _____	\$ _____
(c) Tax withholding figures above are based on Married or Single taxpayer with # of deductions (Example: M-4 or S-2):	_____	_____
(d) Employer reimbursed expenses Specify _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
(e) Other Income:		
(1) Public Assistance (AFDC/GA)	\$ _____	\$ _____
(2) Social Security benefits for party or child(ren)	\$ _____	\$ _____
(3) Unemployment/Workers' Comp.	\$ _____	\$ _____
(4) Interest income per _____	\$ _____	\$ _____
(5) Dividend income per _____	\$ _____	\$ _____
(6) Gross Rental income	\$ _____	\$ _____
(7) Other income _____	\$ _____	\$ _____

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

_____, 19__.

Notary Public, _____ County, Minnesota

My commission expires _____.