

IOWA DISTRICT COURT FOR ##### COUNTY

IN RE THE MARRIAGE OF ### AND ###

Upon the Petition of

###,

Petitioner,

And Concerning

###,

Respondent.

FILED

JUN. 26 2020

CLERK SUPREME COURT

NO. _____

PRE-TRIAL STIPULATION

The parties have met in compliance with the Order for Trial, and jointly submit the following stipulation:

1. **Personal Information.**

Husband

Wife

D/O/B _____

D/O/B _____ Current

Address: _____

Current address: _____

Employer: _____

Employer: _____

2. **Marriage Information.**

Date of Marriage: _____

Date of Separation: _____

The parties *agree/disagree* that there has been a breakdown of the marriage relationship and the marriage cannot be preserved.

3. Child Custody:

a) Names of children	D/O/B	Current Caretaker	Amount of Support	Paid By

b) Describe present physical and mental health of children:

c) Custody is/is not an issue:

i) The parties *agree* to joint legal custody, with physical care provided by the wife/husband, subject to the approval of the court.

ii) The parties *agree* that sole custody is to be awarded to the wife/husband, subject to the approval of the court.

iii) The parties *cannot agree* on custody; each proposes the following:

Wife: _____

Husband: _____

4. **Child Visitation:**

The parties *agree*, subject to the approval of the court, to the following visitation rights to Wife/Husband:

The parties *cannot agree* on visitation rights; each proposes the following:

Wife:

Husband:

5. **Child Support:**

- a) The parties *agree* that Wife/Husband shall pay child support in the amount of \$_____ per month.
- b) The parties *agree* that child support will be determined by use of the Child Support Guidelines. They *agree* the Wife's net monthly income is \$_____ and the Husband's net monthly income is \$_____.
- c) The parties *cannot agree* as to their net monthly incomes, and each party has submitted a Child Support Guidelines Worksheet.

Wife claims her income is \$_____ and Husband's income is \$_____.
Husband claims her income is \$_____ and Wife's income is \$_____.

- d) The Wife/Husband *disagrees* with the application of the child support guidelines and believes a deviation from the guidelines is justified for the following reasons:

Wife:

Husband: _____

6. **Dependency Exemptions:**

The parties *agree*, subject to the approval of the court, as follows:

The parties *cannot agree* on dependency exemptions; each proposes as follows:

Wife:

Husband:

7. **Insurance (health, dental, life, property vehicle, or other):**

Company	Type of Policy	Premium Paid By	Name of Insured	Policy Owner	Cash Value	Name of Beneficiary

The parties *agree* (that the above status of the insurance policies will remain in effect) (that they jointly request the court to adopt the following:)

The parties *cannot agree* on the maintenance of the insurance; each proposes the following:

Wife:

Husband:

8. **Alimony:**

The parties *agree*, subject to the approval of the court as follows:

The parties *cannot agree* on the alimony; each proposes as follows:

Wife:

Husband:

9. **Real Estate:** (attach legal descriptions)

See page 6

10. **Motor Vehicles:**

See page 6

11. **Other Assets:**

See attachment 1.

12. **Other Debts:**

See attachment 2.

13. **Pension Information:**

See attachment 3.

9. **Real Estate:** (attach legal description)

Address	Titleholder	Date Acquired	<u>Fair Market Value</u>		Encumbrance	Lien Holder
			<u>Agreed</u> Wife	<u>Disputed</u> Husband		
1.						
2.						
3.						
4.						

10. **Motor Vehicles:**

Address	Titleholder	Date Acquired	<u>Fair Market Value</u>		Encumbrance	Lien Holder
			<u>Agreed</u> Wife	<u>Disputed</u> Husband		
1.						
2.						
3.						
4.						

14. **Attorney Fees:**

Attorney fees are *not in dispute*, the parties stipulate as follows:

The parties *cannot agree* on attorney fees; each proposes the following:

Wife: _____

Husband: _____

15. **Summary of Issues Left Unresolved:**

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

Dated this _____ day of _____, 20__.

Husband

Wife

Husband's Attorney

Wife's Attorney

Attachment 1: Assets

	Assets*	How Acquired	Disposition	Fair Market Value		
				Agreed	Disputed Wife	Husband
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

THESE SYMBOLS TO BE USED WHERE APPROPRIATE:

- MP— Marital Purchase
- I – Inherited
- G – Gift
- JT—Joint
- W – Wife
- H – Husband
- M – Marital Asset
- NM – Nonmarital Asset
- D – Disputed
- N – None
- NA – Not applicable

* Attached description of all real estate

Attachment 2: Debts

	Assets*	How Acquired	Disposition	Fair Market Value		
				Agreed	Disputed Wife	Disputed Husband
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

THESES SYMBOLS TO BE USED WHERE APPROPRIATE:

- MP— Marital Purchase
- I – Inherited
- G – Gift
- JT—Joint
- W – Wife
- H – Husband
- M – Marital Asset
- NM – Nonmarital Asset
- D – Disputed
- N – None
- NA – Not applicable

* Attached description of all real estate

Attachment 3

PENSION INFORMATION

If Wife or Husband is now or has ever been a participant in a retirement pension plan, each must, on an attached sheet, provide answers to the questions below for each plan. You are directed to contact the plan administrator for all necessary information.

1. Name of participant
2. Name of plan.
3. Name, address and telephone number of administrator of plan.
4. Name and address of employer.
5. Date employee first became covered by the plan and past service date, if any.
6. Number of years, months or units of credited service.
7. If defined contribution plan, the current account balance and contribution rate of the plan.
8. If a defined benefit plan, the accrued benefit to date, the date the benefit is normally payable and any early commencement actual reduction applicable, based on current version of plan.
9. Does the plan honor assignment of benefits made by a Qualified Domestic Relations Order?
10. Is the account balance or accrued benefit vested and the current vested percent, if any.
11. is the beneficiary currently in pay status and if so, the amount and method of payment and date of retirement or termination of service.
12. The current eligibility, break in service, vesting and early and normal retirement provisions of the plan.
13. Summary of plan description.
14. Attach copy of any employee information discussing plan.
15. Does the plan administrator have a form or directions for an assignment of benefits made by a Qualified Domestic Relations Order? If so, attach a copy of the proposed form or order.