

UPON THE PETITION OF Petitioner, AND CONCERNING Respondent.	EQUITY NO. PRETRIAL STIPULATION For DISSOLUTION (Forms A, B, and C to be completed Jointly by Parties)
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FILED

JUN. 26 2020

CLERK SUPREME COURT

The parties have met in compliance with the Pretrial Conference Order filed in this case and hereby request the Court to take into consideration the following:

FORM A

1. CHILD CUSTODY Children:

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

b) Describe present physical and mental health of children:

c) Custody **is** an issue.

The parties *agree* to joint physical care subject to the approval of the Court.

The parties *agree* to joint custody with physical care in the **wife / husband**, subject to the approval of the Court.

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

The parties *agree* to split custody, as follows, subject to the approval of the Court:

Wife shall be awarded custody of

Husband shall be awarded custody of

The parties *cannot agree* on custody, each proposes the following:

Wife:

Husband:

2. 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:

3. CHILD SUPPORT:

The parties understand 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 \$ _____.

The parties *cannot agree* as to their net monthly incomes.* **(See Note below)**

The Wife claims hers is \$ _____ and the Husband's is \$ _____.

The Husband claims his is \$ _____ and the Wife's is \$ _____.

The **wife/husband** *disagrees* with the application of the child support guidelines and proposes as follows:

Wife:

Husband:

***Note:** If parties *cannot agree* as to net monthly income or application of Child Support Guidelines, Wife and Husband shall each complete their own child support guidelines worksheet and attach to Form A.

4. MEDICAL SUPPORT:

Current Provider:

Cost:

Persons Covered:

Noncovered Expenses Paid/Split:

Other Plan Options:

5. 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:

6. ALIMONY:

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

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

Wife:

Husband:

7. INSURANCE:

Current status is as follows:

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. TAX CONSEQUENCES:

ARE in issue.

The parties *agree* that significant tax consequences that may result from a decree are as follows:

The parties *cannot agree* on what significant tax consequences may result from a decree and each contends the following:

Wife:

Husband:

9. 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:

10. MISCELLANEOUS:

- a) Affidavit of Financial Status: Pursuant to Iowa Code Section 598.13 and Judicial Administration Court Rule 205, the parties contemporaneously file their current affidavits of financial status.
- b) The parties submit the Stipulation of Assets and Liabilities attached to this Pretrial Stipulation as Form B. (Attach as many copies of Form B as are necessary to list all assets and liabilities).

11. Date of Marriage:

Date of Separation:

12. HUSBAND

WIFE

D/O/B:
Current Address:

D/O/B:
Current Address:

Employer:

Employer:

Address:

Address:

I.D. NO.:

I.D. NO.:

13. SUMMARY OF ISSUES LEFT UNRESOLVED:

- | | |
|----|----|
| A) | B) |
| C) | D) |
| E) | F) |
| G) | H) |
| I) | J) |

Dated this day of , .

Husband

Wife

Attorney

Attorney

FORM B - STIPULATION OF ASSETS AND LIABILITIES

	ASSETS*	HOW ACQUIRED	OWNER	AGREED RECEIPT.	AGREED VALUE	DISPUTED WIFE	VALUE HUSBAND
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

	LIABILITIES	DEBTOR	ACCEPT LIABILITY	AGREED AMOUNT	DISPUTED WIFE	VALUE HUSBAND
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

THESE SYMBOLS TO BE USED WHERE APPROPRIATE: I-Inherited G-Gift JT-Joint
W-Wife H-Husband M-Marital Asset PM-Premarital Asset D-Disputed N-None NA-Not Applicable
* Attach description of all real estate. REVISED 1/2005

FORM C

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 and social security number 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 benefit 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.

REVISED 1/2005