Cooperative Parenting Project Form

Original – Court
1st copy – Non-Filing Parent

2nd copy – Filing Parent

STATE OF MICHIGAN 17th Circuit Court-Family Division Kent County	REQUEST TO DISSOLVE MARRIAGE	CASE NO. 09- -DMP

Court address: 180 Ottawa Ave. NW, Grand Rapids, MI 49503 **Court telephone no. (616) 632-5480**

REGARDING THE MARRIAGE OF:

FILING PARENT INFORMATION
Name, address & telephone number

_____
Full Legal Name **Mother/Father**
(Circle One)

_____
Address (Street, Apartment Number)

_____
City, State, Zip Code

_____
Area Code and Telephone Number

Attorney, bar no., address, and telephone no.

NON-FILING PARENT INFORMATION
Name, address & telephone number

_____
Full Legal Name **Mother/Father**
(Circle One)

_____
Address (Street, Apartment Number)

_____
City, State, Zip Code

_____
Area Code and Telephone Number

Attorney, bar no., address, and telephone no.

1. One of the parents has resided continuously for more than 10 days in Kent County. One of the parents has resided in the State of Michigan for more than 180 days immediately prior to the filing of this case.

2. On _____ (month/day/year), I and the other parent were legally married at _____ (city and state), by a person legally authorized to solemnize marriage and we lived together until on or about_____ (month, day, year).

3. The mother's complete name is _____.

4. The mother's complete name prior to this marriage was _____.

5. The father's complete name is _____.
(If it was different before the marriage, please print it in the space below.)
_____.

STATE OF MICHIGAN 17th Circuit Court-Family Division Kent County	REQUEST TO DISSOLVE MARRIAGE PAGE 2	CASE NO. 09- -DMP

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6. The children of this marriage are:
_____ (name) born on _____ (date).
_____ (name) born on _____ (date).
_____ (name) born on _____(date).
_____ (name) born on _____ (date).
(If you have more than four children born of this marriage, please attach a separate sheet listing their names and dates of birth).

7. ☐ The mother is not pregnant at this time.
☐ The mother is pregnant at this time.

8. There has been a breakdown of the marital relationship to the extent that the objects of matrimony have been destroyed and there remains no reasonable likelihood that the marriage can be preserved.

I request that the court:

9. Dissolve the marriage between the mother and the father.

10. Establish an appropriate parenting plan that includes parenting time and custody.

11. Determine the parents' financial responsibility for the care of their children.

12. Justly divide marital property and marital debt.

13. Provide for any other relief that equity may require.

☐14. Change the mother's name
from _____to_____

I declare that the statements above are true to the best of my knowledge, information, and belief.

Signature of filing parent

_____

Date_____

Prepared by Mother's/Father's (please circle one) Attorney _____