

**STATE OF MINNESOTA**  
**COUNTY OF \_\_\_\_\_**

**FIFTH JUDICIAL DISTRICT COURT**  
**DATA SHEET**

\_\_\_\_\_ *Petitioner*  
And

File Number: \_\_\_\_\_

\_\_\_\_\_ *Respondent*

The following information is provided by the (check one):      Petitioner  Respondent

• Date of Marriage: \_\_\_\_\_

• Date of Separation: \_\_\_\_\_

1. Is there an Order for Protection or Harassment Restraining Order? No/ Yes (circle)  
If Yes, please provide the court file number: \_\_\_\_\_ County: \_\_\_\_\_

Who does it protect? \_\_\_\_\_ Petitioner      \_\_\_\_\_ Respondent      \_\_\_\_\_ Your Children

If there has been no orders issue, has there been domestic violence in your relationship? Yes / No (Circle)

By Whom: \_\_\_\_\_ Petitioner      \_\_\_\_\_ Respondent      \_\_\_\_\_ Other

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1. List names, birth dates and age of any joint child/ren.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List name, birth date and age of any nonjoint children that reside with you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do any of your children have special needs?

\_\_\_\_\_

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1. Do you have an agreement regarding legal custody of your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so \_\_\_\_\_ Joint      Sole to: \_\_\_\_\_

2. Do you have an agreement regarding physical custody of your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so \_\_\_\_\_ Joint Sole to: \_\_\_\_\_

3. Is there an agreement on Parenting Time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the agreement: \_\_\_\_\_

\_\_\_\_\_

4. What has the Parenting Time schedule been since the separation?

\_\_\_\_\_

\_\_\_\_\_

5. What are the main issues you do not agree upon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who is your employer? \_\_\_\_\_

\_\_\_\_\_

2. How many hours do you work? \_\_\_\_\_ Weekly

3. What do you earn? \_\_\_\_\_ Per hour \_\_\_\_\_ Per week \_\_\_\_\_ Per month

Gross \_\_\_\_\_ Net \_\_\_\_\_

• If you don't work what is your source of income or support? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Do you have health and or dental coverage? Circle one or both

If yes who does it cover? \_\_\_\_\_

\_\_\_\_\_

Through \_\_\_\_\_ employment \_\_\_\_\_ Medical Assistance \_\_\_\_\_ MNCare

Cost for you per month \_\_\_\_\_ Cost for children per month \_\_\_\_\_

2. Do you incur day care cost? \_\_\_\_\_ Yes \_\_\_\_\_ No Cost per week: \$ \_\_\_\_\_

3. Do you receive child care assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

**ALL DISSOLUTION PROCEEDINGS ANSWER THE FOLLOWING:**

1. Do you own a home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is it in foreclosure/foreclosed? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you own real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Do you have interests in retirement assets? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you have an interest in investment assets? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Do you have an interest in a business? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Do you have any interest in vehicles? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. An interest in other assets over \$7500.00? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list: \_\_\_\_\_  
\_\_\_\_\_

8. Do you have a non-marital interest in assets? \_\_\_\_\_ Yes \_\_\_\_\_ No

What interest do you claim? \_\_\_\_\_  
\_\_\_\_\_

9. Please list all Debts: (Use additional sheet if necessary)

_____	Balance _____
_____	Balance _____
_____	Balance _____
_____	Balance _____

10. Are you involved in any bankruptcy proceeding? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Do you intend to file for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

This form was prepared by:

\_\_\_\_\_  
Attorney or Pro Se Party Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Attorney I.D. Number