STATE OF MINNESOTA

COUNTY OF RAMSEY

In Re the Marriage/Matter of:

Petitioner,

and

INITIAL CASE MANAGEMENT CONFERENCE DATA SHEET

Respondent.

The purpose of this document is to provide the Court with preliminary information to assist in the management & resolution of your case. This document is not filed with the Court.

BACKGROUND

The following information is provided by:	petitioner respondent			
Date of Marriage:	Date of separation:			
Is there an Order for Protection in place?	Yes	No		
If so, county:	File nun	mber:		
Who does it protect: you your spouse your children				
Have there been past Orders for Protection in	place?	Yes No		
If so, county:		File number:		
		File number:		
If there have been no Order for Protection is your relationship?	ssued, has ther	re been domestic violence or abuse in		

Yes No By whom:

DISTRICT COURT

SECOND JUDICIAL DISTRICT

Court File No.: _____

CHILDREN & PARENTING ISSUES

Names & birth dates of joint children:			
Do any of your joint children have special needs?	If so, please d	escribe:	
Are there any juvenile court proceedings pending yes no County:		our children? File no	
Do you agree on the issue of legal custody? If yes:jointsole to		no	
Do you agree on the issue of physical custody? If yes:jointsole to		no	
Do you agree on the issue of parenting time? If yes, what is your agreement:	yes	no	

What has the parenting time schedule been since your separation?

VETERAN STATUS

I am or have been a member of the Armed Forces: yes no					
I am a veteran of the Armed Forces who has served in a combat zone or in support of a combat zone: yes no					
I am currently deployed or have received notice of activation for military deployment: 🗌 yes 🗌 no					
INCOME & EMPLOYMENT					
Are you employed? Yes No					
Where:					
How many hours a week do you work?					
What do you earn per hour? \$					
If no, what is your source of income or support?					
HEALTH & DENTAL INSURANCE COVERAGE					
Do you have health and/or dental insurance coverage? yes no					
Who does it cover?					
Through: employment medical assistance MinnesotaCare					
Cost for you: <u>\$</u> month Cost for children: <u>\$</u> month					
CHILD CARE COSTS					
Do you incur daycare costs? yes no					
Cost per week: Do you receive child care assistance: yes no					
3 10.10					

IF THIS IS A DIVORCE PROCEEDING, PLEASE RESPOND TO THE FOLLOWING:

Do you own a home?	yes	no			
Is your home in foreclosure?	yes	no			
Do you own other real estate?	yes	no			
Do you have an interest in retirement assets?	yes	no			
Do you an interest in investment accounts?	yes	no			
Do you an interest in a business(es)?	yes	no			
Do have an interest in vehicle(s)?	yes	no			
Do have an interest in other assets over \$750	0? yes	no			
If so, please list:					
Do you have a non-marital interest in any asso	ets? yes	no			
If so, what interest do you claim?					
Debts:		Approximate balance:			
Are you involved in any bankruptcy proceedir	ng? ves	no			
Do you intend to file bankruptcy?	yes	no			
Date:					
	Attorney, or party signa	ture if not represented			
	Attorney I.D. # Address:				
 City, State, Zip					