STATE OF MINNESOTA COUNTY OF LAC QUI PARLE

IN DISTRICT COURT EIGHTH JUDICIAL DISTRICT

Initial Case Management Conference Data Sheet

Petitioner's Respondent's

Petitioner,

File No	
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and

Respondent.

PLEASE USE THE MOST RECENT INFORMATION AVAILABLE AND SUBMIT TO THE COURT BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. YOU MUST GIVE A <u>COPY TO THE</u> <u>OTHER PARTY</u> AT THE SAME TIME IT IS PROVIDED TO THE COURT.

This form should be submitted by mailing or hand delivering it to: Court Administration, District Court, Lac Qui Parle County Courthouse, 600 Sixth Street, Suite 11, Madison, MN 56256. <u>Do not e-file this form.</u>

 (If this is a dissolution/divorce case): Date of Marriage: Date of Separation: (If this is a custody/paternity case): Was a Recognition of Paternity (ROP) signed? □ Yes □ No (<i>check one</i>). If yes, when (date): If yes, please file a copy with the court prior to the ICMC. Has either party been the subject of a harassment restraining order? □ Yes □ No (<i>check one</i>). 			
4. Has either party been the subject of a domestic abuse order for protection? \Box Yes \Box No (<i>check one</i>).			
5. Has either party been the subject of a criminal DANCO (domestic abuse no contact order)? 🗌 Yes 🗌 No (<i>check one</i>).			
6. Is an interpreter needed? Yes/No (circle one). Language:			
7. Are you working with a Guardian ad Litem (GAL)? Types No (check one).			
If yes, name of GAL Phone #			
GAL address			
8. Have you ever felt unsafe or threatened in this relationship? 🗌 Yes 🗌 No (<i>check one</i>). If so, please describe:			

INFORMATION REGARDING CHILDREN:

9. List the names and ages of the children of this relationship:

10. List the names and ages of other children in your household:_____

11. Have any of the	children been the subject of	a child protection case?	Yes 🗌 No (<i>check one</i>). If yes:
when	where		

12. Is there an agreement regarding legal custody of children? \Box Yes \Box No (*check one*).

13. Is there an agreement regarding physical custody of children? \Box Yes \Box No (*check one*).

14. Is there an agreement regarding parenting time? \Box Yes \Box No (*check one*).

INFORMATION REGARDING FINANCES

15. My gross annual income was \$	for 20	. This income is from (<i>check all that apply</i>)):
Job/wages Unemployment Social Security	Spousal sup	pport 🗌 Trust income 🗌 Other:	

16. Is either party or a	ny child of the pa	rties receiving (or has	anyone applied for)	public assistance? 🗌 Ye	s
No (check one).	If so, who?:				

If so, what kind	d? (check all that apply):	
 Cash public assistance (MFIP) Food Stamps Minnesota Care Other (<i>explain</i>):	 Child Care subsidy General Assistance from State of MN Social Security Benefits (SSI) 	 Diversionary Work Program (DWP) Medical Assistance TERFA

Questions 17-18 for Dissolution Cases Only:

- 17. Are you planning to request spousal maintenance (a temporary or permanent monthly financial contribution from your spouse)? Yes No (check one).
- 18. The following items need to be addressed in this case: (please check all that apply)

Real Estate	☐ Vehicles	Bank Accounts
Retirement Accounts	Stocks	Recreational Vehicles
Jewelry/Valuables	Credit Cards	
☐ Mortgages	Medical Bills	Nonmarital/Premarital assets
Other:		

FOR ALL CASES:

PLEASE PROVIDE A COPY OF THIS DATA SHEET TO THE OTHER PARTY ALONG WITH THE FOLLOWING DOCUMENTS (do not submit these separate documents to the court):

- A. Pay stubs for the last three months of employment.
- B. Your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.
- C. Documentation of <u>all</u> other income received during the last three months, including, but not limited to: unemployment compensation, worker's compensation, public financial assistance, etc.

THIS FORM WAS PREPARED BY:

(Print Name)

Party's Address and Telephone Number (not attorney's)

Address where you live

Mailing Address, if different than above

City

State

Zip Code

(Party or Attorney's Signature)

Home Phone

Cell Phone Number