

In Re the Marriage of:

Petitioner's  Respondent's

\_\_\_\_\_,'

Petitioner,

and

**INITIAL CASE MANAGEMENT CONFERENCE  
DATA SHEET\***

\_\_\_\_\_,'

Respondent.

Court File No.: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE INITIAL CASE CONFERENCE. A COPY OF THE COMPLETED FORM MUST ALSO BE PROVIDED TO THE OTHER PARTY.**

*\*The information submitted in this form will be used only for the purposes of the Initial Case Conference or Early Neutral Evaluation.*

I, \_\_\_\_\_ (print your full name), state that the information contained in this document is true and correct to the best of my knowledge.

**1. BACKGROUND INFORMATION**

- a) Your date of birth: \_\_\_\_\_
- b) Your current address: \_\_\_\_\_
- c) Name any other adults who live with you: \_\_\_\_\_

d. Do you have any physical, mental health, chemical dependency, or criminal issues that may affect this proceeding? If "yes," please describe: \_\_\_\_\_

**2. INFORMATION REGARDING THE CHILDREN**

- a) List the names, birthdates, and ages of the minor children of this relationship:

Child's Name	Child's Birth Date	Child's Age	With whom does the child live?

- b) List the names, birthdates, and ages of other minor children residing with you:

Child's Name	Child's Birth Date	Child's Age	What is your relationship to the child?

- c) Do you have any other children not included above? Yes No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d) Are there any juvenile court proceedings currently open that affect your children?  
 Yes No If yes, which child(ren)? \_\_\_\_\_  
 When? \_\_\_\_\_  
 Where? \_\_\_\_\_
- e) Do any of the children of this relationship have special needs? Yes No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
- f) Is there an agreement regarding **LEGAL CUSTODY** of the children? Yes No  
 If yes, what is the legal custody agreement? \_\_\_\_\_  
 \_\_\_\_\_
- g) Is there an agreement regarding **PHYSICAL CUSTODY** of the children? Yes No  
 If yes, what is the physical custody agreement? \_\_\_\_\_  
 \_\_\_\_\_
- h) Is there an agreement regarding **PARENTING TIME**? Yes No  
 If yes, what is the parenting time agreement? \_\_\_\_\_  
 \_\_\_\_\_
- i) What are the current parenting time arrangements for the children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. INFORMATION REGARDING FINANCES**

- a) Is there an agreement regarding **FINANCIAL SUPPORT**(spousal maintenance/child support)?  
 Yes No If yes, what is the agreement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b) Your Employer and Employer's Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) My current gross income is \$\_\_\_\_\_ per month.
- d) How long have you been employed? \_\_\_\_\_
- e) Is there an agreement regarding the division of property? Yes No  
 If yes, what is the agreement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f) Are you currently receiving any form of **PUBLIC ASSISTANCE**? Yes No (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Cash public assistance (MFIP)   | <input type="checkbox"/> Food Stamps                         |
| <input type="checkbox"/> Medical Assistance              | <input type="checkbox"/> General Assistance from State of MN |
| <input type="checkbox"/> Minnesota Care                  | <input type="checkbox"/> Social Security Benefits (SSI)      |
| <input type="checkbox"/> Child Care subsidy              | <input type="checkbox"/> TEFRA                               |
| <input type="checkbox"/> Diversionary Work Program (DWP) | <input type="checkbox"/> Other _____                         |

g) If you checked any of the above, did you serve the County of Washington with a copy of your divorce documents, as required? Yes No

g) Your major **MONTHLY EXPENSES**:

Expense Type	Cost	Expense Type	Cost
Housing		Utilities	
Food		Clothing	
Transportation		Medical Expenses	
Other Maintenance Obligations		Other Child Support Obligations	
Education Expenses		Other	

Total of all major monthly expenses: \$ \_\_\_\_\_

4. **COURT ORDER(S) PROHIBITING CONTACT**

Is there an existing court order that applies to you? (Check all that apply)

- Harassment Restraining Order (HRO)
- Domestic Abuse Order for Protection (OFP)
- Domestic Abuse No Contact Order (DANCO).
- Other court order prohibiting contact with the other party: \_\_\_\_\_

If you checked any of the boxes above, you **must attach** a copy of the Order.

5. **DOCUMENTARY INFORMATION**

Attach your five (5) most recent paystubs, your most recent Federal Tax Return (with all attachments), and any statements from unemployment compensation, worker's compensation, social security benefits, and any other documents earnings or income received during the last three months, including any public financial assistance in money or in-kind services (grants, heating assistance, rental assistance, etc).

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature*

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

DO NOT eFile

Please mail this form to:

Washington County Courthouse  
Attn: Family Division  
14949 62<sup>nd</sup> Street North  
Stillwater, MN 55082