

\_\_\_\_\_  
Petitioner,

File No. \_\_\_\_\_

and

\_\_\_\_\_  
Respondent.

**Initial Case Management  
Conference Data Sheet**

Petitioner's  Respondent's

**PLEASE USE THE MOST RECENT INFORMATION AVAILABLE AND SUBMIT TO THE COURT BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. YOU MUST GIVE A COPY TO THE OTHER PARTY 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. Do not e-file this form.**

1. (If this is a dissolution/divorce case): Date of Marriage: \_\_\_\_\_. Date of Separation: \_\_\_\_\_.
2. (If this is a custody/paternity case): Was a Recognition of Paternity (ROP) signed?  Yes  No (*check one*).  
If yes, when (date): \_\_\_\_\_. If yes, please file a copy with the court prior to the ICMC.
3. Has either party been the subject of a harassment restraining order?  Yes  No (*check one*).
4. Has either party been the subject of a domestic abuse order for protection?  Yes  No (*check one*).
5. Has either party been the subject of a criminal DANCO (domestic abuse no contact order)?  Yes  No (*check one*).
6. Is an interpreter needed? Yes/No (circle one). Language: \_\_\_\_\_
7. Are you working with a Guardian ad Litem (GAL)?  Yes  No (*check one*).  
If yes, name of GAL \_\_\_\_\_ Phone # \_\_\_\_\_  
GAL address \_\_\_\_\_

8. Have you ever felt unsafe or threatened in this relationship?  Yes  No (*check one*). 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 (*check one*). If yes:  
when \_\_\_\_\_ where \_\_\_\_\_

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

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

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

**INFORMATION REGARDING FINANCES**

15. My gross annual income was \$ \_\_\_\_\_ for 20 \_\_\_\_\_. This income is from (*check all that apply*):  
 Job/wages  Unemployment  Social Security  Spousal support  Trust income  Other: \_\_\_\_\_

