

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. PLEASE BRING THE ORIGINAL AND 1 COPY OF THE COMPLETED FORM TO THE COURT ON THE DAY OF THE INITIAL CASE MANAGEMENT CONFERENCE. YOUR ORIGINAL WILL RETURNED TO YOU AT THE CONCLUSION OF THE CONFERENCE.

*This information will be used solely for the purpose of Initial Case Management 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) Date of marriage: _____
- b) Your date of birth: _____
- c) Your current address: _____
- d) Your phone number: _____
- e) Your email address: _____
- f) Name any other adults who live with you: _____
- g) Are you represented by an attorney? If yes, please answer the following:
 Attorney's Name: _____
 Attorney's Address: _____
 Attorney's Phone Number: _____
 Attorney's Email Address: _____
 Attorney's hourly fee: \$ _____

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, birthdays, 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) Have any of the children of this relationship been the subject of a child protection case?

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) Petitioner's Employer and Address:

Respondent's Employer and Address:

c) My current gross income is \$_____ per month, that I receive from:_____

d) How long have you been employed?_____

e) Please Check the assets you and your spouse have (please check all that apply)

- Homestead (Estimated Value: \$_____)
- Other real estate (Estimated Value: \$_____)
- Retirement assets (Estimated Value: \$_____)
- Business interests (Estimated Value: \$_____)
- Bank and/or investment accounts (Estimated Value: \$_____)
- Vehicles (Estimated Value: \$_____)
- Personal property (Estimated Value: \$_____)

f) Is there an agreement regarding the division of property? Yes No
If yes, what is the agreement?_____

g) 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 _____ |

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

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

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

- Harassment Restraining Order (HRO)
- Domestic Abuse Order for Protection (OFP)
- No Contact Order or other court order
- 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.

b) Have you been or are you now afraid of your spouse? Yes No
If yes, please explain:_____

5. **ATTACH COPIES OF THE FOLLOWING DOCUMENTS TO THIS DATA SHEET. DO NOT SEND ORIGINALS:**

- a) Attach the most recent paystub from your employment
- b) Attach your most recent Federal Tax Return with all attachments, including W-2's and 1099's as applicable
- c) Attach any unemployment compensation statements, worker's compensation statements, social security benefits statements, and all other documents evidencing 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: _____
Email Address: _____

You must bring this form with you to the Initial Case Management Conference.