

**Instructions for  
Initial Case Management  
Conference Data Sheet**

**Purpose of the Initial Case Management Conference Data Sheet**

This form will provide information to the Court to use at the Initial Case Management Conference. The information will help identify programs that may be available to you to help resolve your case.

**Submitting the Initial Case Management Conference Data Sheet**

This form must be provided to the other party and submitted to the Court three (3) business days prior to the Initial Case Management Conference. The form and the proof of service on the other party should be mailed or delivered to:

Family Division  
Anoka County Courthouse  
2100 3<sup>rd</sup> Ave.  
Anoka, MN 55303

**Completing the Initial Case Management Conference Data Sheet**

This form must be completed with the best information available at the time of completion.

**Caption:**

First, designate which party is completing the form. In the upper right hand corner of page one (1), check the box to indicate whether you are the Petitioner or Respondent in this action.

**Item # 1:**

- (a) - (c) List your date of birth, current address, and the names of any other adult(s) who live with you.

**Item # 2:**

- (a) List the joint children of the Petitioner and Respondent in *this* case. A joint child means the dependent child of both parents in the proceeding. (Joint child(ren) does not include the child(ren) of either party's other relationships, such as stepchild(ren) or other relatives living with you). List the name of each child, the child(ren)'s birth date, the child(ren)'s age, and the name of the person with whom the child(ren) is currently living.
- (b) List the *other* child(ren) not of the relationship between Petitioner and Respondent who reside with you.
- (c) Indicate whether you have any other child(ren) who are not listed in (a) and (b) above.
- (d) List the details of any past or current child protection cases involving the joint children.
- (e) List any special needs of the joint children, including any physical or mental disabilities that require special care or additional expenses because of the special needs.
- (f) Indicate whether there is an agreement between you and the other parent regarding legal custody of the children. Joint legal custody means that both parents have a say about major decisions in the children's upbringing, such as schooling, religious training, and elective (non-emergency) medical care. Legal custody does not have anything to do with where the children live.

- (g) Indicate whether there is an agreement between you and the other parent regarding physical custody of the children. If a parent has physical custody of the children that means the children live with that parent.
- (h) Indicate whether there is an agreement between you and the other parent regarding the future parenting time (visitation) arrangements and list the details of the agreement.
- (i) List the current parenting time (visitation) arrangements the non-custodial parent has with the children.

**Item # 3:**

- (a) Explain the current agreement, if any, between you and the other parent regarding financial support (including spousal maintenance and child support, etc.).
- (b) List the employer name and employer address for you and the other parent, if known.
- (c) List your current gross monthly income and the source(s) of your income.
- (d) List the length of time you have been employed at your current job(s).
- (e) Indicate whether there is an agreement regarding the division of property and if so, state the agreement.
- (f) Indicate which forms of public assistance you are currently receiving, if any.
- (g) Indicate whether you served the County of Anoka with a copy of your divorce documents.

**Item # 4:**

- (a) Indicate whether there is a current court order that prohibits contact between you and the other party. For example, a Harassment Restraining Order (HRO), Order for Protection (OFP), Domestic Abuse No Contact Order (DANCO), or other court order. If there is an existing court order prohibiting contact with the other party, you must attach a copy of the order(s).
- (b) Indicate whether you have ever been or are now afraid of your spouse.

**Item # 5:**

Do not attach original documents, send only copies. The documents requested in # 5 will be used to determine the income of both parties if there is an agreement to establish child support.

**Sign and date the form on page three (3). Also print your name, current address, and telephone number.**

In Re the Marriage of:

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

PETITIONER'S  RESPONDENT'S  
INITIAL CASE MANAGEMENT  
CONFERENCE DATA SHEET

and

\_\_\_\_\_,  
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 THREE (3) BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. A COPY OF THE COMPLETED FORM MUST ALSO BE PROVIDED TO THE OTHER PARTY.**

\*This information will be used solely for the purposes 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)	Your date of birth:	
b)	Your current address:	
c)	Name any other adults who live with you:	

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) 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, which I receive from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 Anoka 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)
- |  |
|--|
| <input type="checkbox"/> Harassment Restraining Order (HRO)                                |
| <input type="checkbox"/> Domestic Abuse Order for Protection (OFP)                         |
| <input type="checkbox"/> No Contact Order or other court order.                            |
| <input type="checkbox"/> 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 five (5) most recent paystubs from your employment, or, if self-employed, attach your most recent Federal Tax Return with all attachments, including W-2s and 1099s as applicable.
- b) 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).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Please send this form to:

Family Division  
Anoka County Courthouse  
2100 3<sup>rd</sup> Ave.  
Anoka, MN 55303