

In Re the Custody of: _____,

Court File No. _____

In Re the Paternity of: _____,

In Re the Marriage of:

_____,
Petitioner,

and

_____,
Respondent.

PETITIONER'S RESPONDENT'S
**POST-DECREE/POST-CUSTODY DETERMINATION
INITIAL MOTION MANAGEMENT CONFERENCE
DATA SHEET**

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST TWO BUSINESS DAYS BEFORE THE INITIAL MOTION MANAGEMENT CONFERENCE. YOU MUST GIVE A COPY TO THE OTHER PARTY AT THE SAME TIME IT IS PROVIDED TO THE COURT.

Do not file or e-file this form. This form should be submitted by emailing, mailing or hand delivering it to: Court Administration, Rice County Courthouse, 218 NW Third Street, Suite 300, Faribault, MN 55021; 3rdCFTRice@courts.state.mn.us.

The information submitted on this form will be used solely for the purposes of Initial Motion Management Conference (IMMC) or Early Neutral Evaluation. If you opt into Early Neutral Evaluation at the IMMC, provide a copy of this form to your ENE provider(s).

I. BACKGROUND INFORMATION

1. Your current physical address: _____
2. Your current mailing address, if different than your physical address: _____
3. Your current phone numbers:
Home: _____ Cell: _____
Work: _____
4. Your email address: _____
5. Names of any other adults living with you: _____
6. Does either party have any physical, mental health, chemical dependency, or criminal issues that may affect this proceeding? If "yes," please describe: _____
7. Has either party been the subject of a harassment restraining order? Yes No
8. Has either party been the subject of a domestic abuse order for protection? Yes No
9. Is an interpreter needed? Yes/No (circle one). Language: _____
10. Are you working with a Guardian ad Litem (GAL)? Yes No
If yes, name of GAL _____ Phone # _____
11. Have you ever felt afraid of or intimidated by the other party? Yes No
If yes, please describe: _____

II. INFORMATION REGARDING CHILDREN

(skip section II, and complete the remaining sections III-VI, if this is a Dissolution without Children case)

1. List the names, ages and birthdates of the children of this relationship: _____

2. List the names, ages and birthdates of others living in your household: _____

3. List the names, ages and birthdates of any of your children not living with you: _____

4. Have any of the children been the subject of a child protection case? Yes No
If yes: when _____ where _____
5. Are there any juvenile court proceedings currently open that affect your children? Yes No
If yes, which child(ren)? _____
When? _____
Where (county)? _____
6. What are the current parenting time arrangements for the joint minor children?

III. ATTORNEY INFORMATION

1. Your attorney's name: _____
2. Attorney's phone number: _____
3. Fax number: _____
4. Attorney's email address: _____
5. If you are not represented by an attorney, do you plan to hire an attorney to represent you in this matter:
 Yes No

IV. INFORMATION REGARDING FINANCES

1. 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: _____
2. Is either party or any child of the parties receiving (or has anyone applied for) public assistance? Yes No
If yes, who?: _____
If yes, what kind? (*check all that apply*):

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

