

State of Minnesota

District Court

County of Carlton

6<sup>th</sup> Judicial District

Court File Number: \_\_\_\_\_ Case Type: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

and/vs

\_\_\_\_\_  
Respondent

## Confidential Initial Case Management Conference Data Sheet

This form should be completed and served and filed with the Court at least two business days before the Initial Case Management Conference.

1. The following information is provided by the \_\_\_\_\_.
2. Are the parties currently residing together? Yes/No (circle one).  
If no, when did they separate? \_\_\_\_\_.
3. Has either party been the subject of a harassment restraining order? Yes/No (circle one).
4. Has domestic abuse occurred in this relationship? Yes/No (circle one).
5. Have you ever been in fear of the other party? Yes/No (circle one).

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please attach copies of any OFP, HRO, or other restraining order.

### Information Regarding Children:

1. Have any of the children been the subject of a child protection case? Yes/No (circle one).
2. List the names, birthdates, and ages of the minor children.

\_\_\_\_\_  
\_\_\_\_\_

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3. Is there an agreement regarding legal custody of the children? Yes/No (circle one).
  4. Is there an agreement regarding physical custody of children? Yes/No (circle one).
  5. Is there an agreement regarding parenting time? Yes/No (circle one).
  6. What are the current parenting time arrangements for the children?
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### **Information Regarding Property**

1. Homestead Address: \_\_\_\_\_
  - Approximate Homestead Value: \_\_\_\_\_
  - Mortgage on Homestead: \_\_\_\_\_
2. Checking Accounts (Bank name(s) and balance(s)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Savings Accounts (Bank name(s) and balance(s)): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Pensions and Profit Sharing Plans (specify account name, approximate value, how it is owned and by home):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Automobiles (make, model, year, approximate mileage and approximate value):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Recreational equipment (boats, guns, ATV, motorcycles, etc.) (make, model, year, approximate value):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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7. Other Assets of value (do not include normal household goods and furnishings) (list each with an approximate value):

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8. Are there non-marital claims? Yes/No (circle one).

- If yes, itemize:

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### Information Regarding Finances

1. Petitioner's employer and address:

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2. Respondent's employer and address:

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3. Petitioner's gross monthly income: \_\_\_\_\_

4. Respondent's gross monthly income: \_\_\_\_\_

### Summary of monthly budget expenses (for the party preparing this form):

Item	Dollar Amount
Mortgage	\$
Rent	\$
Food	\$
Telephone	\$
Heat	\$
Sewer/Water/Garbage	\$
Electricity	\$
Cable TV	\$

Item	Dollar Amount
Medical Expenses	\$
Health/life insurance	\$
Home insurance	\$
Car insurance	\$
Car payment	\$
Car repair/fuel/license	\$
Daycare	\$
School expenses	\$
Donations	\$
Clothing	\$
Laundry and dry cleaning	\$
Recreation/Travel	\$
Personal allowances/Incidentals	\$
Home maintenance	\$
Loans (itemize below)	
a.	\$
b.	\$
c.	\$
Credit Card Bills (itemize below)	
a.	\$
b.	\$
c.	\$
Other (itemize below)	
a.	\$
b.	\$
c.	\$

## Issues in Dispute

1. If known, give a detailed statement of each issue that is not resolved and your proposed resolution to the issue. (Attach additional pages as required.)

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## Information Regarding Alternative Dispute Resolution Options

1. Check one:

- Mediation \_\_\_\_\_
- Early Neutral Evaluation \_\_\_\_\_
- Parties agree to participate in court annexed ENE program for a set fee \_\_\_\_\_
- Parties agree to participate in a private ENE program and pay all costs \_\_\_\_\_
- Other (Please indicate) \_\_\_\_\_

## PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE DATA SHEET SERVED ON THE OTHER PARTY:

1. Additional sheets as necessary to answer any and all questions above.
2. Paystubs for the last three months of employment.
3. If self-employed, please attach a statement of receipts and expenses for the past six months.
4. Most recent Federal and State Tax Returns, including W-2s and 1099s, if self-employed.
5. Any unemployment compensation statements or worker's compensation statements and all other income received during the last three months, including and public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.)

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

\_\_\_\_\_  
Petitioner/Respondent  
Address/Telephone number:

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