

STATE OF MINNESOTA  
COUNTY OF ST. LOUIS

DISTRICT COURT  
SIXTH JUDICIAL DISTRICT  
FAMILY DIVISION

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Court File No.

Petitioner,  
and

**CONFIDENTIAL  
INITIAL CASE MANAGEMENT  
CONFERENCE DATA SHEET**

Respondent.

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**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 Petitioner \_\_\_\_ Respondent \_\_\_\_.
2. Date of the marriage: \_\_\_\_\_
3. Are the parties currently residing together? Yes/No (circle one).  
If no, when did they separate? \_\_\_\_\_
4.
  - a) Has either party been the subject of a harassment restraining order? Yes/No (circle one).
  - b) Has either party been the subject of a domestic abuse order for protection? Yes/No (circle one).
  - c) Has domestic abuse occurred in this relationship? Yes/No (circle one).
  - d) Have you ever been in fear of the other party? Yes/No (circle one).  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  - e) 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 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information Regarding Property**

Homestead Address: \_\_\_\_\_  
Approximate Homestead Value: \$ \_\_\_\_\_  
Mortgage on Homestead: \$ \_\_\_\_\_

Checking Accounts (bank name(s) and balances(s)): \_\_\_\_\_  
\_\_\_\_\_

Savings Accounts (bank name(s) and balances(s)): \_\_\_\_\_  
\_\_\_\_\_

Pensions and Profit Sharing Plans (specify account name, approximate value, how it is owned and by home): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Automobiles (make, model, year, approximate mileage and approximate value):  
\_\_\_\_\_  
\_\_\_\_\_

Recreational equipment (boats, guns, ATV, motorcycles, etc.) (make, model, year, approximate value): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Are there non-marital claims? Yes/No (circle one). If yes, itemize: \_\_\_\_\_

**Information Regarding Finances:**

Petitioner's employer and address:

Respondent's employer and address:

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

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

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

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

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

Mortgage	\$ _____
Rent	\$ _____
Food	\$ _____
Telephone	\$ _____
Heat	\$ _____
Sewer/Water/Garbage	\$ _____
Electricity	\$ _____
Cable TV	\$ _____
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 (list) _____	\$ _____
_____	\$ _____
Credit card bills (itemize)	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
Other (itemize)	
a. _____	\$ _____
b. _____	\$ _____

c. \_\_\_\_\_ \$ \_\_\_\_\_

**Issues In Dispute**

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). \_\_\_\_\_

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

**Information Regarding Alternative Dispute Resolution Options:**

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 any public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.)

This form was prepared by:

\_\_\_\_\_

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

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