STATE OF MINNESOTA COUNTY OF RAMSEY

SECOND JUDICIAL DISTRICT COURT FAMILY COURT DIVISION

		IAL CASE MANAGEMENT ONFERENCE DATA SHEET		
Petitioner				
nd	File Number:			
Respondent				
The following information is provided by the (check one	e): Petitioner	Respondent		
BACKG	ROUND			
Your date of birth:				
3 7				
Who else lives at this address?				
Do you have any physical or mental health, chem proceeding?				
Are you or have you been involved in any other f for Protection? Yes No	amily court cases, including	g cases involving an Order		
If yes, please provide the court file numbers:				
PARENTIN				
FARENTII	Names	Ages		
List your children of this relationship:		_		
Do any of your children have special needs?				
Are there any juvenile court proceedings current	ly open that affect your ch	ildren? Yes No No		
If yes, please provide the court file number?				

Do you have other children and if so how many and what are their ages? If you have children you must attend a dissolution education progress indicate the name of the agency used for complying with the education requisions attended: Agency	any and what are their ages? ast attend a dissolution education program. for complying with the education requirement and the date of the completed of the completed of the complete of the	If yes, what is the agreement? Do you have other children and if so how many and what are their ages? If you have children you must attend a dissolution education program. Please indicate the name of the agency used for complying with the education requirement and the das scheduled or attended: Agency Date Scheduled Completed Petitioner:	Current parenting time	arrangements fo	or the children:		
If you have children you must attend a dissolution education progress Please indicate the name of the agency used for complying with the education requested or attended: Agency Date Schedule	Expense Type Cost Health & dental insurance Other medical expenses Child care costs Child resupport obligations	If you have children you must attend a dissolution education program. Please indicate the name of the agency used for complying with the education requirement and the data scheduled or attended: Agency	Ç	-	_		
Please indicate the name of the agency used for complying with the education requisited or attended: Agency Date Schedule	Date Scheduled Completed Date Scheduled Com	Please indicate the name of the agency used for complying with the education requirement and the dascheduled or attended: Agency Date Scheduled Completed	Do you have other child	ren and if so hov	w many and what are their ag	es?	
Scheduled or attended: Agency Date Scheduled Petitioner: Respondent: Nour employer: How long have you been employed? Your gross monthly income: Other sources of income: Your major monthly expenses: Expense Type Cost Expense Type Using Health & dental insurance Uther medical expenses	Expense Type Cost Health & dental insurance Other medical expenses Child care costs Children's school-related expenses Other support obligations	Scheduled or attended: Agency Date Scheduled Completed Petitioner: Respondent:					
Petitioner:	Expense Type Cost Health & dental insurance Other medical expenses Child care costs Children's school-related expenses Other support obligations	Petitioner:	scheduled or attended:			_	
Respondent:	Expense Type Cost Health & dental insurance Other medical expenses Child care costs Children's school-related expenses Other support obligations	Cost Cost				Scheduled	<u>Completed</u>
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Ansportation Child care costs	Children's school-related expenses Other support obligations	od Children's school-related expenses othing Other support obligations	ilities		Other medical expenses		
	Other support obligations	Other support obligations	ansportation		Child care costs		
	* * * * * * * * * * * * * * * * * * * *				Children's school-related e	xpenses	
	Other	bts (itemize): Other					
bts (itemize): Other	l ·		bts (itemize):		Other		

	ASSETS & DEBTS (For Dissolution Cases Only)		
•	Do you own a home ? Yes No If Yes, what is the homestead address:		
•	Approximate homestead value:		
•	Is there a mortgage(s) on the home? Yes \(\text{\backsquare} \) No \(\text{\backsquare} \) If Yes, what is/are the balance(s)? \(\text{\backsquare} \)		
•	Do you have a retirement plan? Yes No If Yes, it's approximate value:		
•	List all of your other assets valued at over \$7,500.00 and their approximate values:		
•	List all significant debts and the approximate amounts that you owe:		
•	Do you claim that any of these assets or debts are non-marital? Yes No If yes, please identify which assets or debts you claim are non-marital:		
	Please attach your most recent pay stub or statements of income (including from unemployment compensation and/or workers' compensation statements, disability, etc.).		
Da	Attorney or Pro Se Party Signature Attorney or Pro Se Party Signature		
	Address		
	City, State, Zip		
	Phone number		
	Attorney I.D. Number		