

INITIAL CASE MANAGEMENT
CONFERENCE DATA SHEET

Petitioner

and

File Number: _____

Respondent

The following information is provided by the (check one): Petitioner Respondent

-----BACKGROUND-----

- Your date of birth: _____
- Your current address: _____
- Who else lives at this address? _____

- Do you have any physical or mental health, chemical dependency, or criminal issues that may affect this proceeding? _____
- _____

- Are you or have you been involved in any other family court cases, including cases involving an Order for Protection? Yes No
- If yes, please provide the court file numbers: _____

-----PARENTING ISSUES-----

- | | Names | Ages |
|--|-------|-------|
| • List your children of this relationship: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

- Do any of your children have special needs? _____
- _____

- Are there any juvenile court proceedings currently open that affect your children? Yes No
- If yes, please provide the court file number? _____

- **Current parenting time arrangements for the children:** _____

- **Do you have an agreement about parenting issues?** Yes No
- **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 date scheduled or attended:**

	<u>Agency</u>	<u>Date</u>	<u>Scheduled</u>	<u>Completed</u>
Petitioner:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Respondent:	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

-----INCOME & EXPENSES-----

- **Your employer:** _____
- **How long have you been employed?** _____
- **Your gross monthly income:** _____
- **Other sources of income:** _____
- **Your major monthly expenses:**

Expense Type	Cost	Expense Type	Cost
Housing		Health & dental insurance	
Utilities		Other medical expenses	
Transportation		Child care costs	
Food		Children's school-related expenses	
Clothing		Other support obligations	
Debts (itemize):		Other	

Total of all major monthly expenses: \$ _____

-----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 No If Yes, what is/are the balance(s)? _____
- **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: _____

-----DOCUMENTARY INFORMATION-----

Please attach your most recent pay stub or statements of income
(including from unemployment compensation and/or workers' compensation statements, disability, etc.).

Date: _____

Attorney or Pro Se Party Signature

Address

City, State, Zip

Phone number

Attorney I.D. Number