

**STATE OF MINNESOTA  
COUNTY**

**FIFTH JUDICIAL DISTRICT COURT  
DATA SHEET**

\_\_\_\_\_  
*Petitioners*

and

File Number: \_\_\_\_\_

\_\_\_\_\_  
*Respondent*

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

1. Is there an Order for Protection or Harassment Restraining Order? No/ Yes (circle)  
If Yes, please provide the court file number: \_\_\_\_\_ County: \_\_\_\_\_

Who does it protect? \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_ Your Children

If there has been no orders issue, has there been domestic violence in your relationship? Yes / No (Circle)

By Whom: \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_ Other

- 
- a. Do you have any concerns, fears or anxieties being in the same room with yours spouse?  Yes  No
  - b. Who makes the everyday decisions?  Petitioner  Respondent  Both  
Are you comfortable with that decision making?  Yes  No
  - c. Who makes the big decisions (purchase car, home, etc.)?  Petitioner  Respondent  Both  
Are you comfortable with that decision making?  Yes  No
  - d. Have you ever felt ashamed, humiliated, embarrassed or fearful by something you or your spouse said or did to the other that you didn't want anyone else to know about?  Yes  No  No Response

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**Children's Information**

1. List names, birth dates and age of any joint child/ren.

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2. List name, birth date and age of any nonjoint children that reside with you.

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

3. Do any of your children have special needs? \_\_\_\_\_

\_\_\_\_\_

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**Custody and Parenting Time Information**

1. Do you have an agreement regarding legal custody of your children? \_\_\_\_ Yes \_\_\_\_ No

If so \_\_\_\_\_ Joint Sole to: \_\_\_\_\_

2. Do you have an agreement regarding physical custody of your children? \_\_\_\_ Yes \_\_\_\_ No

If so \_\_\_\_\_ Joint Sole to: \_\_\_\_\_

3. Is there an agreement on Parenting Time? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the agreement: \_\_\_\_\_?

\_\_\_\_\_

4. What has the Parenting Time schedule been since the separation?

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

5. What are the main issues you do not agree upon? \_\_\_\_\_

\_\_\_\_\_

This form was prepared by:

\_\_\_\_\_  
Attorney or Self-Represent Party's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email