

STATE OF MINNESOTA
COUNTY OF ST. LOUIS

DISTRICT COURT
SIXTH JUDICIAL DISTRICT
FAMILY DIVISION

Court File No.

Petitioner,
and

**CONFIDENTIAL
INITIAL CASE MANAGEMENT
CONFERENCE DATA SHEET**

Respondent.

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. Are the parties currently residing together? Yes/No (circle one).
If no, when did they separate? _____
3.
 - 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.

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:

