

Petitioner's Respondent's

Petitioner,

**INITIAL CASE MANAGEMENT
CONFERENCE DATA SHEET***

and

Respondent,

Court File No.: _____

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION. THE ORIGINAL MUST BE RECEIVED AT COURT ADMINISTRATION AT LEAST THREE DAYS PRIOR TO THE INITIAL CASE MANAGEMENT CONFERENCE (ICMC). PLEASE BRING A COPY OF THE COMPLETED FORM WITH YOU ON THE DAY OF THE INITIAL CASE MANAGEMENT CONFERENCE.

*This information will be used solely for the purpose of Initial Case Management Conference or Early Neutral Evaluation.

I, _____ (print your full name), state that the information contained in this document is true and correct to the best of my knowledge.

1. BACKGROUND INFORMATION

- a) Your date of birth: _____
- b) Your current address: _____
- c) Name any other adults who live with you: _____
- d) Date of marriage; if applicable: _____

2. INFORMATION REGARDING THE CHILDREN – IF CHILDREN ARE INVOLVED

- a) List the names, birthdates, and ages of the minor children of this relationship:

Child's Name	Child's Birth Date	Child's Age	With whom does the child live?

- b) List the names, birthdays, and ages of *other* minor children residing with you:

Child's Name	Child's Birth Date	Child's Age	What is your relationship to the child?

What is the cost for: the employee? _____ the employee + one? _____
 the employee + spouse? _____ the employee + children? _____
 the employee + family? _____

f) Who provides dental insurance? _____

What is the cost for: the employee? _____ the employee + one? _____
 the employee + spouse? _____ the employee + children? _____
 the employee + family? _____

g) Do any of the children of this relationship receive child care? Yes No
 If yes, what is the average monthly cost? _____

h) Is there an agreement regarding the division of property? Yes No
 If yes, what is the agreement? _____

i) If married, what are your major marital assets and their approximate value? (Include home, vehicles, properties, business, recreational vehicles.)

<u>ASSET</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

j) If married, what are your major marital debts and their amounts? (Include mortgage, credit card debt, judgments, loans.)

<u>DEBT</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

k) Have you received any form of public assistance? Yes No
 (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cash public assistance (MFIP) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> General Assistance from State of MN |
| <input type="checkbox"/> Minnesota Care | <input type="checkbox"/> Social Security Benefits (SSI) |
| <input type="checkbox"/> Child Care subsidy | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> Diversionary Work Program (DWP) | <input type="checkbox"/> Other _____ |

l) If you checked any of the above, did you serve the County of Carver with a copy of your court documents, as required? Yes No

4. **COURT ORDER(S) PROHIBITING CONTACT**

a) Is there an existing court order that applies to you? (check all that apply)

- Harassment Restraining Order (HRO)
- Domestic Abuse Order for Protection (OFP)
- No Contact Order or other court order
- Other court order prohibiting contact with the other party: _____

If you checked any of the boxes above, you must attach a copy of the Order.

b) Have you been or are you now afraid of your spouse/other party? Yes No

If yes, please explain: _____

5. **ATTACH COPIES OF THE FOLLOWING DOCUMENTS TO THIS DATA SHEET. DO NOT SEND ORIGINALS:**

- a) Attach the five (5) most recent paystubs from your employment or your most recent year's W-2's and 1099's
- b) Attach any unemployment compensation statements, worker's compensation statements, social security benefits statements, and all other documents evidencing earnings or income received during the last three months, including any public financial assistance in money or in-kind services (grants, heating assistance, rental assistance, etc)

Date

Signature
Print Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

This document must be submitted and received by the Court 3 days prior to the Initial Case Management Conference.