

STATE OF MINNESOTA
COUNTY OF GOODHUE

IN DISTRICT COURT
FIRST JUDICIAL DISTRICT

Petitioner,

File No. _____

and

Respondent.

**Initial Case Management
Conference Data Sheet**

Petitioner's Respondent's

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST TWO BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. YOU MUST GIVE A COPY TO THE OTHER PARTY AT THE SAME TIME IT IS PROVIDED TO THE COURT.

This form should be submitted by mailing or hand delivering it to: Court Administration, Goodhue District Court, Goodhue County Justice Center, 454 West Sixth St., Red Wing, MN 55066. Do not e-file this form.

1. Date of marriage (if this is a dissolution/divorce case): _____. Date of Separation: _____.
2. Has either party been the subject of a harassment restraining order? Yes/No (circle one).
3. Has either party been the subject of a domestic abuse order for protection? Yes/No (circle one).
4. Is an interpreter needed? Yes/No (circle one). Language: _____
5. Are you working with a Guardian ad Litem (GAL)? Yes/No (circle one).

If yes, name of GAL _____ Phone # _____
GAL address _____

6. Have you ever felt unsafe or intimidated in this relationship? Yes/No (circle one). If so, please describe:

INFORMATION REGARDING CHILDREN:

1. List the names, birthdates and ages of the children of this relationship: _____

2. List the names, birthdates and ages of other children in your household: _____

3. Have any of the children been the subject of a child protection case? Yes/No (circle one). If yes: when _____ where _____

4. Is there an agreement regarding legal custody of children? Yes/No (circle one).
5. Is there an agreement regarding physical custody of children? Yes/No (circle one).
6. Is there an agreement regarding parenting time? Yes/No (circle one).

7. **Attach an explanation of any agreements you have reached.**

INFORMATION REGARDING FINANCES

1. My gross annual income was \$ _____ for 20 _____. This income is from (*check all that apply*):
 Job/wages Unemployment Social Security Spousal support Trust income Other: _____

2. The hourly rate my attorney normally charges his/her clients: _____.

Question 3-5 for Dissolution Cases Only: Assets and Liabilities

3. I/we own or have an interest in the following property: *(Examples: real estate, vehicles, recreational vehicles, bank accounts, retirement accounts, stocks, valuable collectibles, etc.)* *(Attach additional paper as needed)*

Item	Estimate of Value	How Value Determined

4. I/we have the following debts (liabilities): *(Examples: credit cards, car loans, student loans, mortgages, personal loans, medical bills, etc.)* *(Attach additional paper as needed)*

Creditor	Balance Owed	Monthly Payment

5. Are there non-marital claims? (i.e. gift solely to one spouse, something owned prior to the marriage, etc.)
 Yes/No (circle one) If yes, itemize: _____

FOR ALL CASES:

YOU MUST PROVIDE A COPY OF THIS DATA SHEET TO THE OTHER PARTY ALONG WITH THE FOLLOWING DOCUMENTS: (DO NOT PROVIDE THE FOLLOWING DOCUMENTS TO THE COURT AT THIS TIME):

1. Pay stubs for the last three months of employment.
2. Your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.
3. Documentation of all other income received during the last three months, including, but not limited to: unemployment compensation, worker's compensation, public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.), etc.

THIS FORM WAS PREPARED BY:

 (Print Name)

 (Party or Attorney's Signature)

Party's Address and Telephone Number (not attorney's)

 Address where you live

 Home Phone

 Mailing Address, if different than above

 Cell Phone Number

 City State Zip Code