

Court File No. _____

Petitioner,

PETITIONER'S RESPONDENT'S

and

INITIAL CASE MANAGEMENT CONFERENCE DATA SHEET

Respondent.

You must complete and send this form to the assigned Judicial Officer, but **DO NOT FILE** the form with the Court. You must mail, e-mail or fax the form to the Judicial Officer at least **3 DAYS** before the Initial Case Management Conference (ICMC). The addresses are on the attached Notice of Case Assignment. The information is only used to give the Judicial Officer some basic information about your case. You must also mail a copy of the completed form to the other party before the ICMC or bring a copy for the other party to the ICMC.

1. **BASIC INFORMATION:**

- a. Your birth date: _____ b. Date of marriage (if married): _____
- c. Your mailing address: _____
- d. Your phone number(s): _____
- e. Your e-mail address(es): _____
- f. Do you have any physical, mental health and/or chemical dependency issues that may affect this case? If so, briefly explain: _____

2. **CHILDREN:**

- a. List the names, birthdates and ages of minor children involved in this case:

Name	Birth date	Age	Who does the child live with

- b. Do any of the above children have special needs? Yes No If yes, briefly explain:

- c. Do you have an agreement about parenting issues? Yes No If yes, what is the agreement?

- d. Current parenting time arrangements: _____

3. **OTHER RELATED COURT CASES:** Are you or the other party involved in any of the following court cases:

- a. Child protection court cases Yes No Court file # if known _____
- b. Paternity cases Yes No Court file # if known _____
- c. Child support cases Yes No Court file # if known _____
- d. Domestic abuse cases ("OFF") Yes No Court file # if known _____
- e. Harassment cases ("HRO") Yes No Court file # if known _____
- f. Criminal cases Yes No Court file # if known _____
- g. DANCO (criminal domestic abuse no contact order) Yes No Court file # if known _____

4. **INCOME INFORMATION:**

- a. Name of your employer: _____
- b. How many hours a week do you work? _____ hourly wage: _____ or monthly salary _____
- c. Do you receive any of the following? Yes No (check all that apply)
 - Cash public assistance (MFIP) Medical assistance Child care assistance
 - General assistance (GA) Food stamps Other
 - Supplemental security income (SSI) Diversionary work program (DWP)
- d. List any other sources of income: _____

Attach copies of your 5 most recent paystubs; and verification of any other income.

5. **ASSETS & DEBTS** –do you own or have an interest in: (only complete if this is a divorce case)

- a. A homestead Yes No Fair market value _____ Mortgage balance _____
- b. Other real estate Yes No Fair market value _____ Mortgage balance _____
- c. Retirement accounts Yes No Balance 1) _____ 2) _____ 3) _____
- d. Checking/savings accounts Yes No Balance 1) _____ 2) _____ 3) _____
- e. A business Yes No Name _____
- f. Vehicles Yes No Year/make/model/value:
 - 1) _____ 2) _____ 3) _____
- g. Other assets worth more than \$5000 Yes No Asset/value:
 - 1) _____ 3) _____
 - 2) _____ 4) _____
- h. List any assets that are non-marital: _____
- i. Your debts & approximate balances:

Creditor: _____	Balance: _____	Whose name: _____
Creditor: _____	Balance: _____	Whose name: _____
Creditor: _____	Balance: _____	Whose name: _____
Creditor: _____	Balance: _____	Whose name: _____

6. **ALTERNATIVE DISPUTE RESOLUTION (ADR):**

- a. Do you feel safe meeting in the same room with the ADR provider and other party to try to resolve the issues in your case? Yes No
- b. Do you feel free to participate, not participate or withdraw from an ADR process without fear of harm or the threat of harm, including when the process is over? Yes No
- c. Are you and the other party willing and able to negotiate freely, deal fairly with each other; follow the rules set up for the process and make your own decisions without fear of harm or the threat of harm, including after the process is over? Yes No

Signature (attorney or self-represented party)

Date

Attorney:

I.D. Number: _____

Address: _____

Phone number(s) _____

E-mail address: _____