

In Re the Marriage of:

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 AND SUBMITTED TO THE COURT AT LEAST TWO (2) BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. A COPY OF THE COMPLETED FORM MUST ALSO BE PROVIDED TO THE OTHER PARTY.

*This information will be used solely for the purposes of Initial Case Management Conference or Early Neutral Evaluation, and is not admissible in any other proceeding. The Court will destroy this document after the conference unless the parties agree to its use for an 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) The date of the marriage: _____
- e) The date of separation: _____

2. INFORMATION REGARDING THE CHILDREN

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, birthdates, 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?

- c) Do you have any other children not included above? Yes No
 If yes, explain: _____

- d) Have any of the children of this relationship been the subject of a child protection case?
 Yes No If yes, which child(ren)? _____
 When? _____
 Where? _____
- e) Do any of the children of this relationship have special needs? Yes No
 If yes, explain: _____

- f) Is there an agreement regarding legal custody of the children? Yes No
 If yes, what is the legal custody agreement? _____

- g) Is there an agreement regarding physical custody of the children? Yes No
 If yes, what is the physical custody agreement? _____

- h) Is there an agreement regarding parenting time? Yes No
 If yes, what is the parenting time agreement? _____

- i) What are the current parenting time arrangements for the children? _____

3. INFORMATION REGARDING FINANCES

- a) Is there an agreement regarding financial support(spousal maintenance/child support)?
 Yes No If yes, what is the agreement? _____

- b) Petitioner's Employer and Address: Respondent's Employer and Address:

- c) My current gross income is \$_____per month, that I receive from: _____

- d) How long have you been employed? _____
- e) Is there an agreement regarding the division of property? Yes No
 If yes, what is the agreement? _____

- f) Are you currently receiving any form of public assistance? Yes No (check all that apply)
 Cash public assistance (MFIP) Food Stamps

- Medical Assistance
- Minnesota Care
- Child Care subsidy
- Diversionary Work Program (DWP)
- General Assistance from State of MN
- Social Security Benefits (SSI)
- TEFRA
- Other

g) If you checked any of the above, did you serve the County of _____ with a copy of your divorce 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? 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.
- b) Attach your most recent Federal Tax Return with all attachments, including W-2s and 1099s as applicable.
- c) 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: _____

Please send this form to: ECM Coordinator
 Clay County Courthouse
 807 11th St. North
 Moorhead, MN 56560

Do not address this form to the Court Administrator. Do not e-file this form, as it does not go in your court file. If hand delivering your form to the Courthouse, please ask Court Administration Personnel to give your form to the Early Case Management Coordinator.

If the form is faxed, a fax filing fee will apply.