

**Instructions for
Initial Case Management
Conference Data Sheet**

Purpose of the Initial Case Management Conference (ICMC) Data Sheet

This form will provide information to the Provider(s) for use at the Early Neutral Evaluation Session(s). The information will help the Provider(s) prepare for, and make your ENE session(s) more effective.

Submitting the Initial Case Management Conference Data Sheet

This form must be provided to the other party and to the Provider(s) prior to your ENE session(s). If you have an order for both SENE and FENE, you must submit a copy to both the SENE providers and the FENE provider. Do NOT give a copy of this form to the court.

Completing the Initial Case Management Conference Data Sheet

This form must be completed with the best information available at the time of completion.

Caption:

First, designate which party is completing the form. In the upper right-hand corner of page one (1), check the box to indicate whether you are the Petitioner or Respondent in this action.

Opening Statement:

Fill your name in on the blank before where it says to “(print your full name).”

Item # 1:

(a) – (e) List your date of birth, your current address, your phone number, your e-mail address and the names of any other adult(s) who live with you.

Item # 2:

(a) List the joint child(ren) of the Petitioner and Respondent in *this* case. A joint child means the dependent child of both parents in the proceeding (the definition of joint child(ren) does not include the child(ren) of either party's other relationships, such as step-child(ren) or other relatives living with you). For each child list his or her name, date of birth, age, and the name of the person with whom the child(ren) is currently living.

(b) List the *other* child(ren) not of the relationship between Petitioner and Respondent who reside with you.

(c) Indicate whether you have any other child(ren) who are not listed in (a) and (b) above.

(d) List the details of any past or current child protection cases involving the joint child(ren).

(e) List any special needs of the joint child(ren), including any physical or mental disabilities that require special care or additional expenses because of the special needs.

(f) Indicate whether there is an agreement between you and the other parent regarding legal custody of the joint child(ren). Joint legal custody means that both parents have a say about major decisions in the child(ren)'s upbringing, such as schooling, religious training, and elective (non-emergency) medical care. Sole legal custody means that one parent has sole

authority to make major decisions regarding the child(ren)'s upbringing. Legal custody does not have anything to do with where the child(ren) live(s).

(g) Indicate whether there is an agreement between you and the other parent regarding physical custody of the child(ren). Physical custody describes where the child(ren) live(s).

(h) Indicate whether there is an agreement between you and the other parent regarding the future parenting time (visitation) arrangements and list the details of the agreement.

(i) List the current parenting time (visitation) arrangements the non-custodial parent has with the child(ren).

Item # 3:

(a) Explain the current agreement, if any, between you and the other parent regarding financial support, including spousal maintenance and child support, etc.

(b) List the employer name and employer address for you and the other parent, if known.

(c) List your current gross monthly income and the source(s) of your income.

(d) List the length of time you have been employed at your current job(s).

(e) Indicate whether there is an agreement regarding the division of property (assets and debts) and, if so, state the agreement.

(f) Indicate which forms of public assistance you currently receive, if any.

(g) If you are receiving public assistance, indicate whether you served the County with a copy of your dissolution or custody documents.

Item # 4:

(a) Indicate whether there is a current court order that prohibits contact between you and the other party. For example, a Harassment Restraining Order (HRO), Order for Protection (OFP), Domestic Abuse No Contact Order (DANCO), or other court order. If there is an existing court order prohibiting contact with the other party, you must attach a copy of the order(s).

(b) Indicate whether you have ever been or are now afraid of your spouse.

Item # 5:

Do not attach original documents, only copies.

Sign and date the form on page three (3), and also print your name.

INITIAL CASE MANAGEMENT CONFERENCE
 DATA SHEET

In Re the Marriage of:

Petitioner's Respondent's

_____,
 Petitioner,
 and

_____,
 Respondent.

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION, AND SUBMITTED TO THE ENE PROVIDERS AND THE OTHER PARTY PRIOR TO THE ENE. DO NOT GIVE THIS FORM TO, OR FILE IT WITH, THE COURT.

*This information will be used solely for the purposes 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) Your current phone number _____
- d) Your current e-mail address _____
- e) Name any other adults who live with you: _____

2. **INFORMATION REGARDING THE CHILD(REN)**

- a) List the names, birth dates, and ages of the minor child(ren) of this relationship:

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

- b) List the names, birth dates, and ages of *other* minor child(ren) residing with you:

Child's Name	Date of Birth	Age	Your relationship to the child?

c) Do you have any other child(ren) 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 child(ren)? Yes ___ No ___

If yes, what is the legal custody agreement? _____

g) Is there an agreement regarding physical custody of the joint child(ren)?

Yes ___ No ___

If yes, what is the physical custody agreement? _____

h) Is there an agreement regarding parenting time for the joint child(ren)?

Yes ___ No ___

If yes, what is the parenting time agreement? _____

i) What are the current parenting time arrangements for the joint child(ren)?

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 asset and debts? Yes ___ No ___
If yes, what is the agreement? _____

f) Are you currently receiving 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 _____ |

g) If you checked any of the above, did you serve the County of _____ with a copy of your dissolution or custody 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 that 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 benefit 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: _____