

\_\_\_\_\_  
Petitioner,  
and

File No. \_\_\_\_\_

**Initial Case Management  
Conference Data Sheet**

Petitioner's  Respondent's

\_\_\_\_\_  
Respondent.

**THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST THREE (3) 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.**

**Do not file or e-file this form. This form should be submitted by emailing, mailing or hand delivering it to: Court Administration, Koochiching County Courthouse, 715 4th Street, International Falls, MN 56649; KoochichingDataSheets@courts.state.mn.us.**

1. (If this is a dissolution/divorce case): Date of Marriage: \_\_\_\_\_. Date of Separation: \_\_\_\_\_.
2. (If this is a custody/paternity case): Was a Recognition of Paternity (ROP) signed?  Yes  No  
If yes, when (date): \_\_\_\_\_. If yes, please file a copy with the court prior to the ICMC.
3. Has either party been the subject of a harassment restraining order?  Yes  No
4. Has either party been the subject of a domestic abuse order for protection?  Yes  No
5. Has either party been the subject of a criminal DANCO (domestic abuse no contact order)?  
 Yes  No
6. Is an interpreter needed? Yes/No (circle one). Language: \_\_\_\_\_
7. Are you working with a Guardian ad Litem (GAL)?  Yes  No  
If yes, name of GAL \_\_\_\_\_ Phone # \_\_\_\_\_
8. Have you ever felt unsafe or threatened in this relationship?  Yes  No.  
If yes, please describe: \_\_\_\_\_

**INFORMATION REGARDING CHILDREN:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List the names, ages and birthdates of others living in your household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List the names, ages and birthdates of any of your children not living with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have any of the children been the subject of a child protection case?  Yes  No

If yes: when \_\_\_\_\_ where \_\_\_\_\_

13. Is there an agreement regarding legal custody of children?  Yes  No

14. Is there an agreement regarding physical custody of children?  Yes  No

15. Is there an agreement regarding parenting time?  Yes  No

**INFORMATION REGARDING FINANCES**

16. 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: \_\_\_\_\_

17. Is either party or any child of the parties receiving (or has anyone applied for) public assistance?

Yes  No  If yes, who?: \_\_\_\_\_.

If yes, what kind? (*check all that apply*):

- Cash public assistance (MFIP)
- Child Care subsidy
- Diversionary Work Program (DWP)
- Food Stamps
- General Assistance from State of MN
- Medical Assistance
- Minnesota Care
- Social Security Benefits (SSI)
- TEFRA
- Other (*explain*): \_\_\_\_\_

**Questions 18-19 for Dissolution Cases Only:**

18. Are you planning to request spousal maintenance (a temporary or permanent monthly financial contribution from your spouse)?  Yes  No

19. The following items need to be addressed in this case: (*please check all that apply*)

- Real Estate
- Retirement Accounts
- Jewelry/Valuables
- Mortgages
- Firearms
- Pets
- Vehicles
- Stocks
- Credit Cards
- Medical Bills
- Tools
- Other Debts
- Bank Accounts
- Recreational Vehicles
- Loans
- Nonmarital/Premarital assets
- Business Assets
- Other: \_\_\_\_\_

**FOR ALL CASES:**

**PLEASE PROVIDE A COPY OF THIS DATA SHEET TO THE OTHER PARTY ALONG WITH THE FOLLOWING DOCUMENTS (do not submit these documents to the court):**

- A. Pay stubs for the last three months of employment.
- B. Your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.
- C. Documentation of all other income received during the last three months, including, but not limited to: unemployment compensation, worker's compensation, public financial assistance, etc.

THIS FORM WAS PREPARED BY:

\_\_\_\_\_  
(Print Name)

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

\_\_\_\_\_  
Address where you live

\_\_\_\_\_  
Mailing Address, if different than above

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
(Party or Attorney's Signature)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone Number

**PROVIDE A COPY OF THIS DATA SHEET TO THE COURT AND THE OTHER PARTY AT LEAST THREE (3) DAYS BEFORE THE ICMC. Do not file or e-file this form. This form should be submitted by emailing, mailing or hand delivering it to: Court Administration, Koochiching County Courthouse, 715 4th Street, International Falls, MN 56649; KoochichingDataSheets@courts.state.mn.us. Do not file or e-file this form.**