

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF RAMSEY

SECOND JUDICIAL DISTRICT

Court File No.: _____

In Re the Marriage/Matter of:

Petitioner,

INITIAL CASE MANAGEMENT CONFERENCE

and

DATA SHEET

Respondent.

The purpose of this document is to provide the Court with preliminary information to assist in the management & resolution of your case. This document is not filed with the Court.

BACKGROUND

The following information is provided by: petitioner respondent

Date of Marriage: _____ Date of separation: _____

Is there an Order for Protection in place? Yes No

If so, county: _____ File number: _____

Who does it protect: you your spouse your children

Have there been past Orders for Protection in place? Yes No

If so, county: _____ File number: _____

_____ File number: _____

If there have been no Order for Protection issued, has there been domestic violence or abuse in your relationship?

Yes No By whom: _____

CHILDREN & PARENTING ISSUES

Names & birth dates of joint children:

_____	_____
_____	_____
_____	_____
_____	_____

Do any of your joint children have special needs? If so, please describe:

Are there any juvenile court proceedings pending that involve your children?

yes no County: _____ File no. _____

Do you agree on the issue of legal custody? yes no

If yes: joint sole to _____

Do you agree on the issue of physical custody? yes no

If yes: joint sole to _____

Do you agree on the issue of parenting time? yes no

If yes, what is your agreement: _____

What has the parenting time schedule been since your separation?

VETERAN STATUS

I am or have been a member of the Armed Forces: yes no

I am a veteran of the Armed Forces who has served in a combat zone or in support of a combat zone: yes no

I am currently deployed or have received notice of activation for military deployment: yes no

INCOME & EMPLOYMENT

Are you employed? Yes No

Where: _____

How many hours a week do you work? _____

What do you earn per hour? \$_____ per hour \$_____ salary

If no, what is your source of income or support? _____

HEALTH & DENTAL INSURANCE COVERAGE

Do you have health and/or dental insurance coverage? yes no

Who does it cover? _____

Through: employment medical assistance MinnesotaCare

Cost for you: \$_____ month Cost for children: \$_____ month

CHILD CARE COSTS

Do you incur daycare costs? yes no

Cost per week: _____ Do you receive child care assistance: yes no

IF THIS IS A DIVORCE PROCEEDING, PLEASE RESPOND TO THE FOLLOWING:

- Do you own a home? yes no
Is your home in foreclosure? yes no
Do you own other real estate? yes no
Do you have an interest in retirement assets? yes no
Do you an interest in investment accounts? yes no
Do you an interest in a business(es)? yes no
Do have an interest in vehicle(s)? yes no
Do have an interest in other assets over \$7500? yes no

If so, please list: _____

Do you have a non-marital interest in any assets? yes no

If so, what interest do you claim? _____

Debts:

Approximate balance:

Are you involved in any bankruptcy proceeding? yes no

Do you intend to file bankruptcy? yes no

Date: _____

Attorney, or party signature if not represented

Attorney I.D. # _____

Address: _____

City, State, Zip _____

Telephone: _____