

PETITIONER'S  RESPONDENT'S  
**INITIAL CASE MANAGEMENT  
CONFERENCE DATA SHEET**

\_\_\_\_\_  
*Petitioner*

and

\_\_\_\_\_  
*Respondent*

Court File No: 27-\_\_\_\_\_

- This form must be completed with the best information available at the time of completion and submitted directly to the assigned judicial officer's chambers by email, mail or fax at least three (3) business days before the Initial Case Management Conference. A copy of the completed form must also be provided to the other party.
- This form should NOT be filed into the official court file.
- The information provided will be used solely for the purposes of the Initial Case Management Conference and assessment of fees and is not considered as evidence.
- Please mail this form to: FJC, Attn. Judge/Referee \_\_\_\_\_, 110 S. 4<sup>th</sup> Street, Minneapolis, MN 55401 or email/FAX directly to the assigned Judicial Officer at least 3 days prior to the Initial Case Management Conference.

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) Names of adults that live with you: \_\_\_\_\_
- d) Do you have any physical or mental health, chemical dependency, or criminal issues that may affect this proceeding? \_\_\_\_\_
- e) Are you or have you been involved in any other family court cases, including cases involving an Order for Protection?  Yes  No If yes, please provide the court file numbers: \_\_\_\_\_

**2. INFORMATION REGARDING THE CHILDREN:**

- a) List the names, birthdates, and ages of the minor joint 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 any of the children of this relationship have special needs?  Yes  No If yes, explain: \_\_\_\_\_
- d) Are there any juvenile court proceedings currently open that affect your children?  Yes  No  
If yes, what is the court file number? \_\_\_\_\_
- e) Current parenting time arrangements for the children: \_\_\_\_\_

f) Do you have an agreement about parenting issues?  Yes  No If Yes, what is the agreement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **INFORMATION REGARDING FINANCES, ASSETS, DEBT:**

a) Your employer and address: \_\_\_\_\_  
 How long have you been employed? \_\_\_\_\_ Your gross monthly income: \$ \_\_\_\_\_

b) Other sources of income: \_\_\_\_\_

c) Your major monthly expenses:

Expense Type	Cost	Expense Type	Cost
Housing		Utilities	
Food		Clothing	
Transportation		Medical Expenses	
Other Maintenance Obligations		Other Child Support Obligations	
Education Expenses		Other	
Other		<b>Total of all major monthly expenses:</b>	\$

d) Is there an agreement regarding financial support (spousal maintenance/child support)?  Yes  No  
 If yes, what is the agreement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e) Do you own a home?  Yes  No If yes, what is the homestead address: \_\_\_\_\_  
 \_\_\_\_\_  
 Approximate homestead market value: \$ \_\_\_\_\_ Is there a mortgage(s) on the home?  Yes  No  
 If yes, what is/are the balance(s)? \_\_\_\_\_

f) Do you have a retirement plan?  Yes  No If yes, it's approximate value: \_\_\_\_\_

g) List all of your other assets valued at over \$7,500.00 and their approximate values: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

h) List all significant debts and the approximate amounts that you owe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

i) Do you claim that any of these assets or debts are non-marital?  Yes  No If yes, please identify which  
 assets or debts you claim are non-marital: \_\_\_\_\_  
 \_\_\_\_\_

j) Is there an agreement regarding the division of property?  Yes  No If yes, what is the  
 agreement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

k) Are you currently receiving any form of public assistance?  Yes  No (check all that apply)  
 Cash public assistance (MFIP)  Diversionary Work Program (DWP)  Medical Assistance  
 General Assistance (MN)  Social Security Benefits (SSI)  TEFRA  
 Minnesota Care  Child Care subsidy  Food Stamps  Other \_\_\_\_\_

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.

\_\_\_\_\_  
 Attorney or Pro Se Party Signature Date Attorney I.D. Number Phone number

\_\_\_\_\_  
 Address City, State, Zip Email Address