

INITIAL CASE MANAGEMENT
CONFERENCE DATA SHEET

Petitioner

And

File Number: _____

Respondent

The following information is provided by the (check one): Petitioner Respondent

-----BACKGROUND-----

- Your date of birth: _____
- Your current address: _____
- Who else lives at this address? _____

- Do you have any physical or mental health, chemical dependency, or criminal issues that may affect this proceeding? _____

- Are you or have you been involved in any other family court cases, including cases involving an Order for Protection? No Yes

If yes, please provide the court file numbers: _____

-----PARENTING ISSUES-----

- | | Names | Ages |
|---------------------------------------|-------|-------|
| • Your children of this relationship: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

- Do any of your children have special needs? _____

- Are there any juvenile court proceedings currently open that affect your children? Yes No

If yes, what is the court file number? _____

- Current parenting time arrangements for the children: _____

- Do you have an agreement about parenting issues? No Yes

- If Yes, what is the agreement? _____

- Do you have other children and if so how many and what are their ages?

-----INCOME & EXPENSES-----

- Your employer: _____
- How long have you been employed? _____
- Your gross monthly income: _____
- Other sources of income: _____
- 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	

Total of all major monthly expenses: \$ _____

-----ASSETS & DEBTS-----

- Do you own a home? No Yes If Yes, what is the homestead address: _____
- Approximate homestead value: _____
- Is there a mortgage(s) on the home? No Yes If yes, what is/are the balance(s)? _____
- Do you have a retirement plan? No Yes If yes, it's approximate value: _____
- List all of your other assets valued at over \$7,500.00 and their approximate values:

- List all significant debts and the approximate amounts that you owe: _____

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

-----DOCUMENTARY INFORMATION-----

Please attach your most recent pay stub or statement of income (including unemployment compensation statements, workers' compensation statements, disability payment statements, etc.).

Date: _____

 Attorney or Pro Se Party Signature

 Address

 City, State, Zip

 Phone number

 Attorney I.D. Number