

In Re the Marriage of:

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

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

and

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

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

**THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST TWO (2) BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. A COPY OF THE COMPLETED FORM MUST ALSO BE PROVIDED TO THE OTHER PARTY.**

\*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)	Name any other adults who live with you:	

2. **INFORMATION REGARDING THE CHILDREN**

a) List the names, birthdates, and ages of the minor 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 you have any other children 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 children? Yes No  
If yes, what is the legal custody agreement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g) Is there an agreement regarding physical custody of the children? Yes No  
If yes, what is the physical custody agreement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- h) Is there an agreement regarding parenting time? Yes No  
If yes, what is the parenting time agreement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- i) What are the current parenting time arrangements for the children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 property? 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 Anoka with a copy of your divorce 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)
- |  |
|--|
| <input type="checkbox"/> Harassment Restraining Order (HRO)                                |
| <input type="checkbox"/> Domestic Abuse Order for Protection (OFP)                         |
| <input type="checkbox"/> No Contact Order or other court order.                            |
| <input type="checkbox"/> Other court order prohibiting contact with the other party: _____ |

**If you checked any of the boxes above, you must attach a copy of the 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 benefits 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).

Dated: \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Please send this form to:

Family Division  
Anoka County Courthouse  
325 East Main Street  
Anoka, MN 55303