

Petitioner's  Respondent's

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

**Confidential  
Initial Case Management  
Conference Data Sheet**

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

1. The following information is provided by the  Petitioner  Respondent.
2. Is an interpreter needed for the ICMC?  Yes  No. If yes, language? \_\_\_\_\_.
3.
  - a. Has either party been the subject of a harassment restraining order?  Yes  No.
  - b. Has either party been the subject of a domestic abuse order for protection?  Yes  No.
  - c. Has either party been the subject of a No Contact Order or other court order restricting contact?  Yes  No.
  - d. Is there a criminal no contact order (DANCO)?  Yes  No.

**If you answered "yes" to any of the above questions 3a-d, you must attach a copy of that order.**

- e. Has domestic abuse occurred in this relationship?  Yes  No.
- f. Have you been, or are you now, afraid of your spouse?  Yes  No. If "yes", explain: \_\_\_\_\_

**BACKGROUND INFORMATION:**

1. Your date of birth: \_\_\_\_\_
2. Your current address: \_\_\_\_\_
3. Your current phone number: \_\_\_\_\_
4. Your current e-mail address: \_\_\_\_\_
5. Names of any other adults living with you: \_\_\_\_\_
6. Do you have any physical, mental health, chemical dependency, or criminal issues that may affect this proceeding? If "yes," please describe:

7. Are you currently receiving any form of public assistance?  Yes  No. If yes, 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)       TERFA
- Other (explain): \_\_\_\_\_

**INFORMATION REGARDING CHILDREN:**

1. List the names, birthdates and ages of the minor children of this relationship.
  
2. Do any other children of this relationship have special needs?  Yes  No. If "yes", please explain:
  
3. List the names, birthdates and ages of other minor children of the parties.
  
4. Have any of the children been the subject of a child protection case?  Yes  No.  
 If yes: when \_\_\_\_\_ where (county)\_\_\_\_\_.
  
5. Is there a separate Child Support case involving the children of this relationship?  Yes  No.  
 If yes: when \_\_\_\_\_ where (county)\_\_\_\_\_.
  
6. Is there an agreement regarding legal custody of the children?  Yes  No.
  
7. Is there an agreement regarding physical custody of the children?  Yes  No.
  
8. Is there an agreement regarding parenting time?  Yes  No.
  
9. Is there an agreement regarding *temporary* legal custody of the children?  Yes  No.
  
10. Is there an agreement regarding *temporary* physical custody of the children?  Yes  No.
  
11. Is there an agreement regarding *temporary* parenting time?  Yes  No.
  
12. Give a statement of what the agreement is for each issue for which there is an agreement: (attach additional pages as needed)

**INFORMATION REGARDING ALTERNATE DISPUTE RESOLUTION OPTIONS:** (Check one)

**Mediation**

Parties agree to retain the services of \_\_\_\_\_ and will pay all costs.

**Early Neutral Evaluation**

Parties agree to participate in court annexed ENE program for a set fee.

Parties agree to participate in a private ENE program and pay all costs.

**Other** (please indicate):

**INFORMATION REGARDING FINANCES**

1. Petitioner's Employer and address: \_\_\_\_\_ Respondent's Employer and address: \_\_\_\_\_

2. Petitioner's gross monthly income: \_\_\_\_\_  
Respondent's gross monthly income: \_\_\_\_\_

**If this is a marital dissolution (divorce case) and dissolution has not already been entered, answer Questions 3 - 17, otherwise, if this is not a dissolution case or dissolution has already been entered, skip Questions 3-15 and answer only Questions 16 and 17:**

3. Date of Marriage: \_\_\_\_\_

4. Date of Separation: \_\_\_\_\_. If still physically living together, please explain:

5. Homestead Address:

a. Approximate Homestead value: \$

b. Mortgage on Homestead: \$

c. Date of purchase:

6. Checking Accounts and Balances:

| <b>Bank Name:</b> | <b>Balance:</b>                             |
|-------------------|---|
|                   | Checking Account: \$<br>Savings Account: \$ |
|                   | Checking Account: \$<br>Savings Account: \$ |
|                   | Checking Account: \$<br>Savings Account: \$ |

7. Pensions and Profit Sharing Plans (specify account name, approximate value, how it is owned and by whom):

8. Automobiles (make, model, year, approximate mileage and approximate value):
  
9. Recreational equipment (boats, guns, ATV, motorcycles, etc.) (make, model, year, approximate value):
  
10. Other assets of value (do not include normal household goods and furnishings). List each with an approximate value:
  
11. Are there non-marital claims?  Yes  No. If yes, itemize:
  
12. Is there an agreement regarding the *temporary* division of property or the *temporary* use and occupancy of the marital residence?  Yes  No.
  
13. Is there an agreement regarding the division of property?  Yes  No.
  
14. Give a statement of what the agreement is for each issue for which there is an agreement: (attach additional pages as needed)
  
15. Is there an agreement regarding financial support (spousal maintenance and/or child support)?  
 Yes  No.
  
16. Is there an agreement regarding *temporary* financial support (spousal maintenance and/or child support)?  
 Yes  No.
  
17. Give a statement of what the agreement is for each issue for which there is an agreement: (attach additional pages as needed):

**ATTACH THE FOLLOWING DOCUMENTS TO THIS DATA SHEET:**

1. Pay stubs for the last three months of employment.
2. Please attach your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable, for the past two years.
3. Please attach any unemployment compensation statements or worker's compensation statements and all other income received during the last three (3) months, including any public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.)

THIS FORM WAS PREPARED BY:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Address/Telephone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_