STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF RICE

THIRD JUDICIAL DISTRICT

In Re the Custody of:	, Court File No
In Re the Paternity of:	,
In Re the Marriage of:	
, Petitioner,	PETITIONER'S RESPONDENT'S POST-DECREE/POST-CUSTODY DETERMINATION INITIAL MOTION MANAGEMENT CONFERENCE
, Responden	DATA SHEET
THIS FORM MUST BE COMPLETED	WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST <u>TWO</u> BUSINESS DAYS BEFORE THE INITIAL MOTION MANAGEMENT CONFERENCE. YOU MUST GIVE A <u>COPY TO THE OTHER PARTY</u> AT THE SAME TIME IT IS PROVIDED TO THE COURT.

<u>Do not file or e-file this form</u>. This form should be submitted by emailing, mailing or hand delivering it to: Court Administration, Rice County Courthouse, 218 NW Third Street, Suite 300, Faribault, MN 55021; 3rdCFTRice@courts.state.mn.us.

The information submitted on this form will be used solely for the purposes of Initial Motion Management Conference (IMMC) or Early Neutral Evaluation. If you opt into Early Neutral Evaluation at the IMMC, provide a copy of this form to your ENE provider(s).

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I. BACKGROUND INFORMATION

- 1. Your current physical address:
- 2. Your current mailing address, if different than your physical address:
- 3. Your current phone numbers: Home:_____ Cell:_____ Work:
- 4. Your email address:
- 5. Names of any other adults living with you:
- 6. Does either party have any physical, mental health, chemical dependency, or criminal issues that may affect this proceeding? If "yes," please describe:

- 7. Has either party been the subject of a harassment restraining order? 🗌 Yes 🗌 No
- 8. Has either party been the subject of a domestic abuse order for protection? 🗌 Yes 🗌 No
- 9. Is an interpreter needed? Yes/No (circle one). Language:
- 10. Are you working with a Guardian ad Litem (GAL)?
 Yes No If yes, name of GAL

II. INFORMATION REGARDING CHILDREN

(skip section II, and complete the remaining sections III-VI, if this is a Dissolution without Children case)

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1.	List the names, ages	and birthdates	of the children	of this relationship:
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2. List the names, ages and birthdates of others living in your household:	
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3. List the names, ages and birthdates of any of your children not living with you:

- 4. Have any of the children been the subject of a child protection case? Yes No If yes: when where
- 5. Are there any juvenile court proceedings currently open that affect your children? Yes No If yes, which child(ren)? When?

Where (county)?____

6. What are the current parenting time arrangements for the joint minor children?

III. ATTORNEY INFORMATION

1. Your attorney's name:

2.	Attorney's	phone number:
	i icconne y b	

- 3. Fax number:
- 4. Attorney's email address:
- 5. If you are not represented by an attorney, do you plan to hire an attorney to represent you in this matter: ☐ Yes ☐ No

IV. INFORMATION REGARDING FINANCES

l.	My gross annual income was \$	for 20 This income is from (<i>check all that</i>	apply):
	Job/wages Unemployment	Social Security 🗌 Spousal support 🗌 Trust income 🗌 Othe	er:

2. Is either party or any child of the parties receiving (or has anyone applied for) public assistance? [Yes No If yes, who?:_____.

If yes, what kind? (<i>check all that apply</i>):				
Cash public assistance (MFIP)	Child Care subsidy			
Food Stamps	General Assistance from State of MN			
Minnesota Care	Social Security Benefits (SSI)			
Other (<i>explain</i>):				

Diversionary Work Program (DWP)
 Medical Assistance
 TEFRA

<u>V.</u> **ISSUES IN DISPUTE**

Briefly describe the current custody or parenting time issues and/or financial conflicts between you and the other party that you would want the court addressed as part of the new motion process with the court (attach an additional sheet of paper if needed):

a. Ha	TERNATIVE DISPUTE RE we the parties agreed to any of on Early Neutral Evaluation es, please list any neutral prov	the following ADF the following ADF the following ADF	Coptions (check one, Early Neutral Evaluat	tion Other:
	<u>O BE ADDRESSED INCLU</u> D PROVIDE A COPY OF T			
	HIS DATA SHEET: (DO NO			
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- bs for the last three months of employment.
- 2. Your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.
- 3. Documentation of all other income received during the last three months, including, but not limited to: unemployment compensation, worker's compensation, public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.), etc.

THIS FORM WAS PREPARED BY:

(Print Name)			(Party or Attorney's Signature)	
Party's Addre	ess and Telephone Nur	<u>nber (</u> not attorney's)		
Address where you	ı live		Home Phone	
Mailing Address, if different than above			Cell Phone Number	
City	State	Zip Code		

PROVIDE A COPY OF THIS DATA SHEET TO THE COURT AND THE OTHER PARTY AT LEAST TWO (2) DAYS BEFORE THE IMMC. Do not e-file this form. This form should be submitted by emailing, mailing or hand delivering it to: Court Administration, Rice County Courthouse, 218 NW Third Street, Suite 300, Faribault, MN 55021; 3rdCFTRice@courts.state.mn.us. Do not file or e-file this form.