

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF WRIGHT

TENTH JUDICIAL DISTRICT

In re

Ct. File No.:

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

Assigned Judge: Judge \_\_\_\_\_

and

Petitioner's ☐ Respondent's ☐

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

**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 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.

**If you include social security numbers, employer identification numbers, or financial account numbers use court form CON111 or CON112 found at [www.mncourts.gov/forms](http://www.mncourts.gov/forms).**

This information will be used solely for the purpose of the Initial Case Management Conference or mediation.

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. Your current phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_
- d. Your E-Mail: \_\_\_\_\_
- e. Your date of marriage (if married): \_\_\_\_\_
- f. Your date separation (if separated): \_\_\_\_\_
- g. Your work days/hours: \_\_\_\_\_

2. **INFORMATION REGARDING YOUR ATTORNEY**

- a. Your Attorney's Name: \_\_\_\_\_
- b. Your Attorney's Address: \_\_\_\_\_
- c. Your Attorney's contact information: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- d. Your Attorney's E-Mail: \_\_\_\_\_

3. **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	With whom does the child live?

- c. Do you have any other children not included above?

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

\_\_\_\_\_

- f. Is there an agreement regarding legal custody of the children? Yes No

\_\_\_\_\_

- g. Is there an agreement regarding physical custody of the children? Yes No

\_\_\_\_\_

- h. Is there an agreement regarding parenting time? Yes No

\_\_\_\_\_

- \_\_\_\_\_
- i. What are the current parenting time (visitation) arrangements for the children?

\_\_\_\_\_  
\_\_\_\_\_

4. **GUARDIAN AD LITEM:**

- a. Are you working with a Guardian ad Litem (GAL)? Yes No  
b. If yes, Name of Guardian ad Litem: \_\_\_\_\_  
c. Guardian ad Litem's address: \_\_\_\_\_  
d. Guardian ad Litem's contact information: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
e. Guardian ad Litem's E-Mail: \_\_\_\_\_

5. **INFORMATION REGARDING FINANCES**

- a. Is there an agreement regarding financial support (spousal maintenance/child support)? Yes No

- b. Petitioner's Employer and Address: Respondent's Employer and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. My current (hourly) (monthly) (annual) wage or salary is \$\_\_\_\_\_,  
before taxes and other deductions. (circle one)  
On average I am paid for\_\_\_\_ hours per week of work.

- d. How long have you been employed?\_\_\_\_\_

- e. Is there an agreement regarding division of property? Yes No  
If yes, what is the agreement?\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- f. Are you currently receiving any form of public assistance, such as MFIP or  
Medical Assistance? Yes No  
If yes, what are you receiving?\_\_\_\_\_

- g. If yes, did you serve the County of Wright with a copy of your divorce documents  
as required (Minn. Stat. section 518A.44. Notice to public authority)? Yes No

6. **COURT ORDER(S) PROHIBITING CONTACT**

- a. Is there an existing court order that applies to you and/or your child(ren)?  
(check all that apply)

☐ Harassment Restraining Order

☐ Domestic Abuse No Contact Order (DANCO)

☐ No Contact Order (NCO)

☐ 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.

7. **INTERPRETER**

- a. Is an interpreter needed? \_\_\_\_\_ yes \_\_\_\_\_ no

b. Language: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please send this form to:  
Wright County District Court - Family Division  
10 Second Street NW Room 201  
Buffalo, MN 55313-1192

Approved for use 1/7/14 WCBench