STATE OF MINNESOTA | IN DISTRICT COURT

COUNTY OF | THIRD JUDICIAL DISTRICT

In re the Marriage of:

,

Petitioner,

and

,

Respondent.

Court File No.

CONFIDENTIAL
INITIAL CASE MANAGEMENT CONFERENCE DATA SHEET

Date of ICMC:INSERT DATE

This form should be completed, served, and delivered to Judge's chambers <u>at least two</u> business days before the Initial Case Management Conference (ICMC).

1. The following information is provided by the Petitioner/Respondent.

2. An interpreter is/is not needed for the Initial Case Management Conference.

3. a. Has either party been the subject of a harassment restraining order?
   ☐ Yes, the court file number is . ☐ No

   b. Has either party been the subject of a domestic abuse order for protection?
   ☐ Yes, the court file number is . ☐ No

   c. Has domestic abuse occurred in the relationship?
   ☐ Yes ☐ No

   d. Have you ever been in fear of the other party?
   ☐ Yes ☐ No

   If yes, explain: .

<u>Information Regarding Children:</u>

1. Are the parties currently residing together?
   ☐ Yes ☐ No

If no, when did the parties separate?

2. Have any of the children been the subject of a child protection case?

   ☐ Yes, the court file number is . ☐ No

3. List the names, birth dates, 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?*	*Name of Child's School*

4. List the names, birth dates, 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?*	*Name of Child's School*

5. Do you have any other children not included above?

   ☐ Yes ☐ No

   If yes, explain:

6. Do any of the children of this relationship have special needs?

   ☐ Yes ☐ No

   If yes, explain:

7. Is there an agreement regarding legal custody of the children?

   ☐ Yes ☐ No

   If yes, describe the agreement:

8. Is there an agreement regarding physical custody of the children?

   ☐ Yes ☐ No

   If yes, describe the agreement:

9. Is there an agreement regarding parenting time?

   ☐ Yes ☐ No

   If yes, describe the agreement:

10. What are the current parenting time arrangements for the children?

11. Give a detailed statement of each issue that is not resolved and your proposed resolution to the issue.

Information Regarding Alternative Dispute Resolution Options:

☐ Early Neutral Evaluation (ENE)

- ☐ Parties agree to participate in court annexed ENE program based on the Olmsted County Fee Schedule.
- ☐ Parties agree to participate in a private ENE program and pay all costs.
- ☐ Parties have scheduled ENE evaluation as follows:

☐ Mediation

Parties agreement to participate in mediation with and will pay all costs.

☐ Other:

Information Regarding Finances:

1. Is there an agreement regarding financial support (spousal maintenance/child support)?

   ☐ Yes ☐ No

   If yes, describe the agreement:

2. Is there an existing child support file and/or order in effect?

   ☐ Yes ☐ No

3. Petitioner's employer and employer's address:
4. Petitioner's gross monthly income:
5. Respondent's employer and employer's address:
6. Respondent's gross monthly income:

7. Amount of monthly child support and/or spousal maintenance received from a previous relationship:

8. Summary of monthly budget expenses for Petitioner/Respondent:

a.	Mortgage	$
b.	Rent	$
c.	Food	$
d.	Telephone	$
e.	Heat	$
f.	Sewer/Water/Garbage	$
g.	Electricity	$
h.	Cable TV/Internet	$
i.	Medical Expenses	$
j.	Health/Life Insurance	$
k.	Home Insurance	$
l.	Car Insurance	$
m.	Car Payment	$
n.	Car repair/fuel/license	$
o.	Daycare	$
p.	School expenses	$
q.	Donations	$
r.	Clothing	$
s.	Laundry/Dry Cleaning	$
t.	Recreation/Travel	$
u.	Personal allowances/Incidentals	$
v.	Home Maintenance	$
w.	Loans (list):	$
		$
x.	Credit card bills (itemize)	
		$
		$

$

y. Other (itemize)

$

$

$

9. Homestead address:

   Approximate household value:

   Mortgage on homestead:

   Date of purchase:

10. Checking and savings accounts:

Bank name	Account type	Balance

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

12. Investment Accounts (specify the type, company name, approximate value, and whose name it is in):

13. IRA (specify the type, company name, approximate value, and whose name it is in):

14. Automobiles (make, model, year, approximate mileage, and approximate value):

15. Recreational equipment (boats, guns, ATV, motorcycles, etc.). Include make, model, year, and approximate value:

16. Other assets of value (do not include normal household goods and furnishings). List each with an approximate value:

17.

18. Are there non-marital claims? ☐ Yes ☐ No

    If yes, please itemize:

19. Is there an agreement regarding the division of property?

    ☐ Yes ☐ No

    If yes, describe the agreement:

Attach the following documents to this data sheet:

1. Pay stubs for the last three months of employment.

2. If self-employed, please attach a statement of receipts and expenses for the past six months.

3. Please attach your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.

4. Please attach any unemployment compensation statements or worker's compensation statements and all other income received during the last three months, including any public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc).

This form was prepared on by:

_____ _____

Print Signature

Address and Telephone Number: