

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF:

JUDICIAL DISTRICT
File No.

'
Petitioner,

vs.

**Confidential
Initial Case Management
Conference Data Sheet**

'
Respondent.

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED, ONLY TO THE COURT AND NOT TO OPPOSING COUNSEL/PARTY, AT LEAST TWO BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE.

1. Is an interpreter needed for the ICMC? No Yes, language .
2. The following information is provided by the Petitioner Respondent.
3. Have you ever been afraid of your partner? No Yes

If so, please explain.

INFORMATION REGARDING CHILDREN:

1. List the names, birthdays, and ages of the minor children in this relationship.

2. List the names, birthdates, and ages of other minor children of the parties.

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

Yes No If yes, when , where .

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

Yes No

5. Is there an agreement regarding physical custody of children?

Yes No

6. Is there an agreement regarding parenting time?

Yes No

7. Give a statement of what the agreement is for each issue that is resolved: (attach additional pages as required)

INFORMATION REGARDING ALTERNATIVE 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:

3. Summary of monthly budget expenses (for the party preparing this form):

Expenses:

Mortgage

Amount:

Rent
Food
Telephone
Heat
Sewer/Water/Garbage
Electricity
Cable TV
Medical Expenses
Health/Life Insurance
Home Insurance
Car Insurance
Car Payment
Car Repair/Fuel
Child care
School Expenses
Donations

Loans: **Amount:**

Credit Card Bills (itemize) **Amount:**

Other (itemize) **Amount:**

4. Homestead Address/Legal Description:

Homestead Expenses: **Amount:**

- a. Approximate Homestead Value
- b. Mortgage on Homestead
- c. Date of Purchase

5. Checking Accounts and Balances:

Bank Name: **Balance:**

Checking Account:
Savings Account:

Checking Account:
Savings Account:

Checking Account:
Savings Account:

6. Health and Dental insurance (specify what insurance coverage is available to you and what is the cost of the coverage)

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? Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid ante nuptial contract.
 Yes No
 If yes, itemize:

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.
3. 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 BY:

Print Name: _____

Signature: _____

Address/Telephone Number:
