

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF ITASCA

NINTH JUDICIAL DISTRICT

File No. _____

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 AT LEAST FIVE BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. YOU MUST GIVE A COPY TO THE OTHER PARTY AT THE SAME TIME IT IS FILED WITH THE COURT.

1. The following information is provided by the: Petitioner/Respondent (circle one).
2. Has either party been the subject of a harassment restraining order? Yes/No (circle one).
3. Has either party been the subject of a domestic abuse order for protection? Yes/No (circle one).
4. Is an interpreter needed? Yes/No (circle one).
5. Are you working with a Guardian ad Litem (GAL)? Yes/No (circle one).
If yes, name of GAL _____ Phone # _____
GAL address _____
6. Have you ever felt unsafe or intimidated in this relationship? Yes/No (circle one). If so, please describe:

INFORMATION REGARDING CHILDREN:

1. List the names, birthdates and ages of the minor children of 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 (circle one). If yes:
when _____ where _____

4. Is there an agreement regarding legal custody of children? Yes/No (circle one).
5. Is there an agreement regarding physical custody of children? Yes/No (circle one).
6. Is there an agreement regarding parenting time? Yes/No (circle one).

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

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:	Amount:	
Mortgage	\$ _____	
Rent	\$ _____	
Food	\$ _____	
Telephone	\$ _____	
Heat	\$ _____	
Sewer/Water/Garbage	\$ _____	
Electricity	\$ _____	
Cable TV	\$ _____	
Medical Expenses	\$ _____	
Health/life insurance	\$ _____	
Home insurance	\$ _____	
Car Insurance	\$ _____	
Car payment	\$ _____	
Car repair/fuel	\$ _____	
Daycare	\$ _____	
School expenses	\$ _____	
Donations	\$ _____	
Loans (list):	Monthly payment:	Balance owed:
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
Credit card bills (itemize):	Monthly payment:	Balance owed:
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____

Other Monthly Expenses / Debts:	Monthly payment:	Balance owed:
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____

4. **REAL ESTATE:**

a. Homestead:

Address: _____

Approximate Homestead Value: \$ _____

Mortgage on Homestead: \$ _____

Date of purchase: _____

b. Other real estate:

Address: _____

Approximate Value: \$ _____

Mortgage: \$ _____

Date of purchase: _____

5. Business:

a. Name: _____

b. Approximate Value & Approximate Debts: \$ _____

6. Bank Account Balances: Approximate Checking Balance: Approximate Savings balance:

a. Bank: _____ \$ _____ \$ _____

b. Bank: _____ \$ _____ \$ _____

c. Bank: _____ \$ _____ \$ _____

7. Pensions and Profit Sharing Plans:

a. Account name: _____

b. Approximate value: \$ _____

c. In whose name? Petitioner/ Respondent (circle one)

8. Investment Accounts:

a. Type/Company Name: _____

b. Approximate value: \$ _____

c. In whose name? Petitioner/ Respondent (circle one)

9. IRA:

a. Type/Company Name: _____

b. Approximate value: \$ _____

c. In whose name? Petitioner/ Respondent (circle one)

10. Automobiles: Make, model, year, approximate mileage, and approximate value:

11. Recreational equipment (boats, guns, ATV, motorcycles, snowmobiles, etc.) Make, model, year, and approximate value: _____

12. Other Assets valued at \$500 or more (do not include normal household goods and furnishings).

List each with an approximate value: _____

13. Are there non-marital claims? (i.e. gift solely to one spouse, something owned prior to the marriage, etc.) Yes/No (circle one) If yes, itemize: _____

YOU MUST PROVIDE A COPY OF THIS DATA SHEET TO THE OTHER PARTY ALONG WITH THE FOLLOWING DOCUMENTS: (DO NOT FILE THE FOLLOWING DOCUMENTS WITH THE COURT AT THIS TIME):

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 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

Party or Attorney's Signature

Party's Address and Telephone Number (not attorneys):

Address where you live

Home Phone Number

Mailing Address, if different than above

Cell Phone Number

City State Zip Code