

Please Note: This Data Sheet needs to be sent to the attorney of record or unrepresented parties within 10 days of receipt of pleadings by the court.

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

File No. _____

_____ Petitioner,

**Confidential
Initial Case Management
Conference Data Sheet**

And

_____ Respondent.

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST TWO BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE.

1. Is an interpreter needed for the ICMC? Yes No
2. The following information is provided by the Petitioner Respondent.
3. a. Has either party been the subject of a harassment restraining order? Yes No.
b. Has either party been the subject of a domestic abuse order for protection? Yes No.
c. Has domestic abuse occurred in this relationship? Yes No.

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.
If yes: when _____ where _____
4. Is there an agreement regarding legal custody of 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:	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)	

\$
\$
\$

Credit card bills (itemize)

- a. \$
- b. \$
- c. \$

Other (itemize)

- a. \$
- b. \$
- c. \$

4. Homestead Address:

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

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

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

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

10. Are there non-marital claims? 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

Signature

Address/Telephone Number:
