

STATE OF MINNESOTA  
COUNTY OF WASECA

IN DISTRICT COURT  
FAMILY DIVISION  
THIRD JUDICIAL DISTRICT

Case Type: Custody  
Court File No. 81-FA-\_\_\_\_\_

In Re the Custody of \_\_\_\_\_

\_\_\_\_\_,  
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 2 BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE (ICMC). DO NOT PROVIDE A COPY OF THIS FORM TO THE OPPOSING PARTY. THIS FORM IS CONFIDENTIAL AND WILL BE RETURNED AT THE END OF THE ICMC.**

1. The following information is provided by  Petitioner  Respondent.
2. Is an interpreter needed for the ICMC?  Yes, language: \_\_\_\_\_  No
3. Are you and the other party currently residing together?  Yes  No, date of separation: \_\_\_\_\_

**DOMESTIC ABUSE**

4. Have you and the other party been involved in a court case where one of the parties sought a harassment restraining order or domestic abuse order for protection against the other party?  Yes, court file number(s): \_\_\_\_\_  No
5. Has domestic abuse occurred in your relationship with the other party?  Yes  No
6. Have you ever been in fear of the other party?  Yes  No

**CHILDREN**

7. Do you and the other party have any minor children together (joint children)?  Yes (see below)  No

<i>Child's Name</i>	<i>Child's Birth Date and Age</i>	<i>Party With Whom Child Lives</i>

8. Have any of the joint children been the subject of a child protection case?  Yes, court file number(s): \_\_\_\_\_  No

9. Do any of the joint children have special needs?  Yes, \_\_\_\_\_  No
10. What is the current parenting time arrangement for the joint children? \_\_\_\_\_  
\_\_\_\_\_
11. Is there an agreement regarding legal custody of the joint children?  Yes, we have agreed to  joint legal custody  \_\_\_\_\_ having sole legal custody  No, my proposal is \_\_\_\_\_  
\_\_\_\_\_
12. Is there an agreement regarding physical custody of the joint children?  Yes, we have agreed to  joint physical custody  \_\_\_\_\_ having sole physical custody  No, my proposal is \_\_\_\_\_  
\_\_\_\_\_
13. Is there an agreement regarding a parenting time arrangement?  Yes, we have agreed that \_\_\_\_\_  No, my proposal is \_\_\_\_\_
14. Do you and/or the other party have any other minor children (non-joint children)?  Yes (see below)  No

<i>Child's Name</i>	<i>Child's Birth Date and Age</i>	<i>Party Who Is Parent of Child</i>	<i>Person With Whom Child Is Living</i>

### INCOME AND EXPENSES

15. Are you employed?  Yes, name of employer: \_\_\_\_\_  No
16. Is the other party employed?  Yes, name of employer: \_\_\_\_\_  No
17. What is your gross monthly income from employment and/or other sources, including public assistance and child support or spousal maintenance from a prior relationship? \_\_\_\_\_
18. What is the other party's gross monthly income from employment and/or other sources, including public assistance and child support or spousal maintenance from a prior relationship? \_\_\_\_\_
19. How much are your major monthly expenses? \_\_\_\_\_ (Itemize below)

<b>Expense Type</b>	<b>Cost</b>	<b>Expense Type</b>	<b>Cost</b>
Housing		Utilities	
Food		Clothing	
Vehicle/Transportation		Medical	
Education/Employment (e.g., tuition, union dues)		Children (e.g., child care, school lunches, clothing)	
Spousal Maintenance		Child Support	
Credit Cards		Personal Allowances/Incidentals	
Other: _____		Other: _____	

20. Is there an agreement regarding financial support (spousal maintenance/child support)?  Yes, we have agreed that \_\_\_\_\_  
 No, my proposal is \_\_\_\_\_

**ALTERNATIVE DISPUTE RESOLUTION**

- 21. Have you and the other party agreed to participate in an ADR process?  Yes, we have agreed to participate in  Early Neutral Evaluation  Mediation  other: \_\_\_\_\_  No
- 22. If there is no agreement about participating in ADR, in which of the following ADR processes are you willing to participate (check all that apply)?  Early Neutral Evaluation  Financial Early Neutral Evaluation  Mediation  other: \_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS TO THIS DATA SHEET:**

- 1. Your pay stubs for the last three months of employment.
- 2. Your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.
- 3. 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:

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney or Pro Se Party Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Attorney I.D. Number