
Petitioner,

File No. _____

and

**Initial Case Management
Conference Data Sheet**

Petitioner's Respondent's

Respondent.

PLEASE USE THE MOST RECENT INFORMATION AVAILABLE AND SUBMIT TO THE COURT BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE. YOU MUST GIVE A COPY TO THE OTHER PARTY AT THE SAME TIME IT IS PROVIDED TO THE COURT.

This form should be submitted by mailing or hand delivering it to: Court Administration, District Court, Grant County Courthouse, 10 2nd Street NE, Elbow Lake, MN 56531. Do not e-file this form.

1. (If this is a dissolution/divorce case): Date of Marriage: _____. Date of Separation: _____.
2. (If this is a custody/paternity case): Was a Recognition of Paternity (ROP) signed? Yes No (*check one*).
If yes, when (date): _____. If yes, please file a copy with the court prior to the ICMC.
3. Has either party been the subject of a harassment restraining order? Yes No (*check one*).
4. Has either party been the subject of a domestic abuse order for protection? Yes No (*check one*).
5. Has either party been the subject of a criminal DANCO (domestic abuse no contact order)? Yes No (*check one*).
6. Is an interpreter needed? Yes/No (circle one). Language: _____
7. Are you working with a Guardian ad Litem (GAL)? Yes No (*check one*).
If yes, name of GAL _____ Phone # _____
GAL address _____

8. Have you ever felt unsafe or threatened in this relationship? Yes No (*check one*). If so, please describe:

INFORMATION REGARDING CHILDREN:

9. List the names and ages of the children of this relationship: _____

10. List the names and ages of other children in your household: _____

11. Have any of the children been the subject of a child protection case? Yes No (*check one*). If yes:
when _____ where _____

12. Is there an agreement regarding legal custody of children? Yes No (*check one*).

13. Is there an agreement regarding physical custody of children? Yes No (*check one*).

14. Is there an agreement regarding parenting time? Yes No (*check one*).

INFORMATION REGARDING FINANCES

15. My gross annual income was \$ _____ for 20 _____. This income is from (*check all that apply*):
 Job/wages Unemployment Social Security Spousal support Trust income Other: _____

16. Is either party or any child of the parties receiving (or has anyone applied for) public assistance? Yes No (check one). If so, who?: _____.

If so, what kind? (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Cash public assistance (MFIP) | <input type="checkbox"/> Child Care subsidy | <input type="checkbox"/> Diversionary Work Program (DWP) |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> General Assistance from State of MN | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Minnesota Care | <input type="checkbox"/> Social Security Benefits (SSI) | <input type="checkbox"/> TERFA |
| <input type="checkbox"/> Other (explain): _____ | | |

Questions 17-18 for Dissolution Cases Only:

17. Are you planning to request spousal maintenance (a temporary or permanent monthly financial contribution from your spouse)? Yes No (check one).

18. The following items need to be addressed in this case: (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Vehicles | <input type="checkbox"/> Bank Accounts |
| <input type="checkbox"/> Retirement Accounts | <input type="checkbox"/> Stocks | <input type="checkbox"/> Recreational Vehicles |
| <input type="checkbox"/> Jewelry/Valuables | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Mortgages | <input type="checkbox"/> Medical Bills | <input type="checkbox"/> Nonmarital/Premarital assets |
| <input type="checkbox"/> Other: _____ | | |

FOR ALL CASES:

PLEASE PROVIDE A COPY OF THIS DATA SHEET TO THE OTHER PARTY ALONG WITH THE FOLLOWING DOCUMENTS (do not submit these separate documents to the court):

- A. Pay stubs for the last three months of employment.
- B. Your most recent Federal Tax Return with all attachments, including W-2s and 1099's as applicable.
- C. Documentation of all other income received during the last three months, including, but not limited to: unemployment compensation, worker's compensation, public financial assistance, etc.

THIS FORM WAS PREPARED BY:

(Print Name)

(Party or Attorney's Signature)

Party's Address and Telephone Number (not attorney's)

Address where you live

Home Phone

Mailing Address, if different than above

Cell Phone Number

City State Zip Code