

Petitioner's Respondent's

_____,
Petitioner,
and

INITIAL CASE MANAGEMENT
CONFERENCE DATA SHEET

Court File No. _____

_____,
Respondent.

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION, AND SUBMITTED TO THE ENE PROVIDERS AND THE OTHER PARTY PRIOR TO THE ENE. DO NOT GIVE THIS FORM TO, OR FILE IT WITH, THE COURT.

*This information will be used solely for the purposes of Initial Case Management Conference or Early Neutral Evaluation.

I, _____ (print your full name), state that the information contained in this document is true and correct to the best of my knowledge.

1. **BACKGROUND INFORMATION**

- a) Your date of birth: _____
- b) Your current address: _____
- c) Your current phone number _____
- d) Your current e-mail address _____
- e) Name any other adults who live with you: _____

2. **INFORMATION REGARDING THE CHILD(REN)**

- a) List the names, birth dates, and ages of the minor child(ren) of this relationship:

Child's Name	Child's Birth Date	Child's Age	With Whom does the child live?

- b) List the names, birth dates, and ages of other minor child(ren) residing with you:

Child's Name	Child's Birth Date	Child's Age	What is your relationship to the child

- c) Do you have any other child(ren) not included above? Yes___ No___
 If yes, explain: _____

- d) Have any of the children of this relationship been the subject of a child protection case?
 Yes___ No___
 If yes, which child(ren)? _____
 When? _____
 Where? _____
- e) Do any of the children of this relationship have special needs? Yes___ No___
 If yes, explain: _____

- f) Is there an agreement regarding legal custody of the child(ren)? Yes___ No___
 If yes, what is the legal custody agreement? _____

- g) Is there an agreement regarding physical custody of the child(ren)? Yes___ No___
 If yes, what is the physical custody agreement? _____

- h) Is there an agreement regarding parenting time? Yes___ No___
 If yes, what is the parenting time agreement? _____

- i) What are the current parenting time arrangements for the child(ren)? _____

3. INFORMATION REGARDING FINANCES

- a) Is there an agreement regarding financial support (spousal maintenance/child support)? Yes___ No___
 If yes, what is the agreement? _____

- b) Petitioner's Employer and Address: Respondent's Employer and Address:

- c) My current gross income is \$_____ per month that I receive from: _____

d) How long have you been employed? _____

e) Is there an agreement regarding the division of property? Yes___ No___
If yes, what is the agreement? _____

f) Are you currently receiving any form of public assistance? Yes___ No___
(Check all that apply)

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

g) If you checked any of the above, did you serve the County of _____ with a copy of your divorce documents as required? Yes___ No___

4. **COURT ORDER(S) PROHIBITING CONTACT**

a) Is there an existing court order that applies to you? (Check all that apply)

- Harassment Restraining Order (HRO)
 Domestic Abuse Order for Protection (OFP)
 No Contact Order or other court order
 Other court order prohibiting contact with the other party: _____

If you checked any of the boxes above, you must attach a copy of that Order.

b) Have you been or are you now afraid of your spouse? Yes___ No___
If yes, please explain: _____

5. **ATTACH COPIES OF THE FOLLOWING DOCUMENTS TO THIS DATA SHEET. DO NOT SEND ORIGINALS:**

- a) Attach the five (5) most recent paystubs from your employment
b) Attach your most recent Federal Tax Return with all attachments, including W-2s and 1099s as applicable.
c) Attach any unemployment compensation statements, worker's compensation statements, social security benefit statements, and all other documents evidencing earnings or income received during the last three months, including any public financial assistance in money or in-kind services (grants, heating assistance, rental assistance, etc.)

Date

Signature
Print Name: _____