

In Re the Custody of: \_\_\_\_\_,

Court File No. \_\_\_\_\_

In Re the Paternity of: \_\_\_\_\_,

In Re the Marriage of:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

PETITIONER'S  RESPONDENT'S  
POST-DECREE/POST-CUSTODY DETERMINATION  
INITIAL MOTION 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 THREE (3) BUSINESS DAYS BEFORE THE INITIAL MOTION MANAGEMENT CONFERENCE. YOU MUST GIVE A COPY TO THE OTHER PARTY AT THE SAME TIME IT IS PROVIDED TO THE COURT.***

**Do not file or e-file this form. This form should be submitted by emailing, mailing or hand delivering it to: Court Administration, Koochiching County Courthouse, 715 4th Street, International Falls, MN 56649; KoochichingDataSheets@courts.state.mn.us.**

The information submitted on this form will be used solely for the purposes of Initial Motion Management Conference (IMMC) or Early Neutral Evaluation. If you opt into Early Neutral Evaluation at the IMMC, provide a copy of this form to your ENE provider(s).

**I. BACKGROUND INFORMATION**

1. Your current physical address:

\_\_\_\_\_  
\_\_\_\_\_

2. Your current mailing address, if different than your physical address:

\_\_\_\_\_  
\_\_\_\_\_

3. Your current phone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

4. Your email address: \_\_\_\_\_

5. Names of any other adults living with you: \_\_\_\_\_

6. Does either party have any physical, mental health, chemical dependency, or criminal issues that may affect this proceeding? If "yes," please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has either party been the subject of a harassment restraining order?  Yes  No
8. Has either party been the subject of a domestic abuse order for protection?  Yes  No
9. Is an interpreter needed? Yes/No (circle one). Language: \_\_\_\_\_
10. Are you working with a Guardian ad Litem (GAL)?  Yes  No  
If yes, name of GAL \_\_\_\_\_ Phone # \_\_\_\_\_
11. Have you ever felt afraid of or intimidated by the other party?  Yes  No  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. INFORMATION REGARDING CHILDREN**

(skip section II, and complete the remaining sections III-VI, if this is a Dissolution without Children case)

1. List the names, ages and birthdates of the children of this relationship:  
\_\_\_\_\_  
\_\_\_\_\_
2. List the names, ages and birthdates of others living in your household:  
\_\_\_\_\_  
\_\_\_\_\_
3. List the names, ages and birthdates of any of your children not living with you:  
\_\_\_\_\_  
\_\_\_\_\_
4. Have any of the children been the subject of a child protection case?  Yes  No  
If yes: when \_\_\_\_\_ where \_\_\_\_\_
5. Are there any juvenile court proceedings currently open that affect your children?  Yes  No  
If yes, which child(ren)? \_\_\_\_\_  
When? \_\_\_\_\_  
Where (county)? \_\_\_\_\_
6. What are the current parenting time arrangements for the joint minor children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. ATTORNEY INFORMATION**

1. Your attorney's name: \_\_\_\_\_
2. Attorney's phone number: \_\_\_\_\_
3. Fax number: \_\_\_\_\_
4. Attorney's email address: \_\_\_\_\_
5. If you are not represented by an attorney, do you plan to hire an attorney to represent you in this matter:  
 Yes  No

**IV. INFORMATION REGARDING FINANCES**

- 1. 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: \_\_\_\_\_
- 2. Is either party or any child of the parties receiving (or has anyone applied for) public assistance?  Yes  No If yes, who?: \_\_\_\_\_  
 If yes, what kind? (*check all that apply*):  
 Cash public assistance (MFIP)  Child Care subsidy  Diversionary Work Program (DWP)  
 Food Stamps  General Assistance from State of MN  Medical Assistance  
 Minnesota Care  Social Security Benefits (SSI)  TEFRA  
 Other (*explain*): \_\_\_\_\_

**V. ISSUES IN DISPUTE**

Briefly describe the current custody or parenting time issues and/or financial conflicts between you and the other party that you would want the court addressed as part of the new motion process with the court (attach an additional sheet of paper if needed):

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**VI. ALTERNATIVE DISPUTE RESOLUTION AGREEMENTS**

- a. Have the parties agreed to any of the following ADR options (check one, if any agreements):  Early Neutral Evaluation  Private Early Neutral Evaluation  Mediation  Other: \_\_\_\_\_
- b. If yes, please list any neutral providers agreed upon and describe agreements regarding payment:  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF THE ISSUES TO BE ADDRESSED INCLUDE CHILD or SPOUSAL SUPPORT: YOU MUST ALSO PROVIDE A COPY OF THE FOLLOWING DOCUMENTS TO THE OTHER PARTY ALONG WITH THIS DATA SHEET: (DO NOT PROVIDE THE FOLLOWING DOCUMENTS TO THE COURT AT THIS TIME):**

- 1. 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. 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 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

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