

Petitioner's Respondent's

_____, 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, AND PROVIDED TO THE OTHER PARTY, AT LEAST THREE (3) BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE.

1. The following information is provided by the Petitioner Respondent.
2. Is an interpreter needed for the ICMC? Yes No. If yes, language? _____.
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 either party been the subject of a No Contact Order or other court order restricting contact? Yes No.
 - d. Is there a criminal no contact order (DANCO)? Yes No.

If you answered "yes" to any of the above questions 3a-d, you must attach a copy of that order.

- e. Has domestic abuse occurred in this relationship? Yes No.
- f. Have you been, or are you now, afraid of your spouse? Yes No. If "yes", explain: _____

BACKGROUND INFORMATION:

1. Your date of birth: _____
2. Your current address: _____
3. Your current phone number: _____
4. Your current e-mail address: _____
5. Names of any other adults living with you: _____
6. Do you have any physical, mental health, chemical dependency, or criminal issues that may affect this proceeding? If "yes," please describe:

7. Are you currently receiving any form of public assistance? Yes No. If yes, 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) TERFA
- Other (explain): _____

INFORMATION REGARDING CHILDREN:

1. List the names, birthdates and ages of the minor children of this relationship.

2. Do any other children of this relationship have special needs? Yes No. If "yes", please explain:

3. List the names, birthdates and ages of other minor children of the parties.

4. Have any of the children been the subject of a child protection case? Yes No.
 If yes: when _____ where (county)_____.

5. Is there a separate Child Support case involving the children of this relationship? Yes No.
 If yes: when _____ where (county)_____.

6. Is there an agreement regarding legal custody of the children? Yes No.

7. Is there an agreement regarding physical custody of the children? Yes No.

8. Is there an agreement regarding parenting time? Yes No.

9. Is there an agreement regarding *temporary* legal custody of the children? Yes No.

10. Is there an agreement regarding *temporary* physical custody of the children? Yes No.

11. Is there an agreement regarding *temporary* parenting time? Yes No.

12. Give a statement of what the agreement is for each issue for which there is an agreement: (attach additional pages as needed)

INFORMATION REGARDING ALTERNATE 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: _____

If this is a marital dissolution (divorce case) and dissolution has not already been entered, answer Questions 3 - 17, otherwise, if this is not a dissolution case or dissolution has already been entered, skip Questions 3-15 and answer only Questions 16 and 17:

3. Date of Marriage: _____

4. Date of Separation: _____. If still physically living together, please explain:

5. Homestead Address:

a. Approximate Homestead value: \$

b. Mortgage on Homestead: \$

c. Date of purchase:

6. Checking Accounts and Balances:

Bank Name:	Balance:
	Checking Account: \$ Savings Account: \$
	Checking Account: \$ Savings Account: \$
	Checking Account: \$ Savings Account: \$

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

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

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

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

11. Are there non-marital claims? Yes No. If yes, itemize:

12. Is there an agreement regarding the *temporary* division of property or the *temporary* use and occupancy of the marital residence? Yes No.

13. Is there an agreement regarding the division of property? Yes No.

14. Give a statement of what the agreement is for each issue for which there is an agreement: (attach additional pages as needed)

15. Is there an agreement regarding financial support (spousal maintenance and/or child support)?
 Yes No.

16. Is there an agreement regarding *temporary* financial support (spousal maintenance and/or child support)?
 Yes No.

17. Give a statement of what the agreement is for each issue for which there is an agreement: (attach additional pages as needed):

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, for the past two years.
3. Please attach any unemployment compensation statements or worker's compensation statements and all other income received during the last three (3) months, including any public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.)

THIS FORM WAS PREPARED BY:

Print Name

Date

Signature

Address/Telephone Number:

