

_____, Petitioner

Petitioner's Respondent's
Initial Case Management
Conference Data Sheet*

vs.

_____, Respondent

THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION. AT LEAST 3 DAYS PRIOR TO THE CONFERENCE, YOU MUST SUBMITT THIS FORM TO THE COURT AT THE ADDRESS LISTED BELOW AND PROVIDE A COPY TO THE OTHER PARTY'S ATTORNEY, OR DIRECTLY TO THE OTHER PARTY IF HE/SHE DOES NOT HAVE AN ATTORNEY.

Sibley County Court Administration
PO Box 867
Gaylord, MN 55334
or email to: 1stSibleyDistrictCourt@courts.state.mn.us

*This information will be used solely for the purpose of Initial Case Management Conference and is not evidence for purposes of trial.

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) Name any other adults who live with you: _____
- d) If this is a dissolution/divorce case: Date of marriage: _____

2. INFORMATION REGARDING THE CHILDREN

- a) List the names, birthdates, and ages of the minor children of this relationship:

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

- b) List the names, birthdays, and ages of *other* minor children residing with you:

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

e) Who provides health insurance? _____
 What is the cost for: the employee? _____ the employee + one? _____
 the employee + spouse? _____ the employee + children? _____
 the employee + family? _____

f) Who provides dental insurance? _____
 What is the cost for: the employee? _____ the employee + one? _____
 the employee + spouse? _____ the employee + children? _____
 the employee + family? _____

g) Do any of the children of this relationship receive child care? Yes No
 If yes, what is the average monthly cost? _____

h) Is there an agreement regarding the division of property? Yes No
 If yes, what is the agreement? _____

i) What are your major marital assets and their approximate value? (Include home, vehicles, properties, business, recreational vehicles.)

<u>ASSET</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

j) What are your major marital debts and their amounts? (Include mortgage, credit card debt, judgments, loans.)

<u>DEBT</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

k) 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 _____

l) If you checked any of the above, did you serve the County of McLeod 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 the Order.

b) Have you been or are you now intimidated or 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 or your most recent year's W-2's and 1099's
- b) Attach any unemployment compensation statements, worker's compensation statements, social security benefits 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: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____

You must submit this form three (3) days prior to the Initial Case Management Conference by hand delivery, mail, or email to the address on page 1 of this form.