

STATE OF MINNESOTA
COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT

In Re the Marriage/Matter of:

Court File No.: _____

Petitioner,

and

INITIAL CASE MANAGEMENT CONFERENCE
DATA SHEET

Respondent.

The purpose of this document is to provide the Court with preliminary information to assist in the management & resolution of your case. This document is not filed with the Court.

BACKGROUND

The following information is provided by: _____ petitioner _____ respondent

Date of Marriage: _____ Date of separation: _____

Is there an Order for Protection in place? _____ Yes _____ No

If so, county: _____ File number: _____

Who does it protect: _____ you _____ your spouse _____ your children

Have there been past Orders for Protection in place? _____ Yes _____ No

If so, county: _____ File number: _____

_____ File number: _____

If there have been no Order for Protection issued, has there been domestic violence or abuse in your relationship?

_____ Yes _____ No By whom: _____

CHILDREN & PARENTING ISSUES

Names & birth dates of joint children: _____

Do any of your joint children have special needs? If so, please describe:

Are there any juvenile court proceedings pending that involve your children?

_____ yes _____ no County: _____ File no. _____

Do you agree on the issue of legal custody? _____ yes _____ no

If yes: _____ joint _____ sole to _____

Do you agree on the issue of physical custody? _____ yes _____ no

If yes: _____ joint _____ sole to _____

Do you agree on the issue of parenting time? _____ yes _____ no

If yes, what is your agreement: _____

What has the parenting time schedule been since your separation? _____

VETERAN STATUS

I am or have been a member of the Armed Forces: _____ yes _____ no

I am a veteran of the Armed Forces who has served in a combat zone or in support of a combat zone: _____ yes _____ no

I am currently deployed or have received notice of activation for military deployment: _____ yes _____ no

INCOME & EMPLOYMENT

Where: _____

How many hours a week do you work? _____

What do you earn per hour? \$ _____ per hour \$ _____ salary

If no, what is your source of income or support? _____

HEALTH & DENTAL INSURANCE COVERAGE

Do you have health and/or dental insurance coverage? _____ yes _____ no

Who does it cover? _____

Through: _____ employment _____ medical assistance _____ MinnesotaCare

Cost for you: \$ _____ month Cost for children: \$ _____ month

CHILD CARE COSTS

Do you incur daycare costs? _____ yes _____ no

Cost per week: _____ Do you receive child care assistance: _____ yes _____ no

IF THIS IS A DIVORCE PROCEEDING, PLEASE RESPOND TO THE FOLLOWING:

Do you own a home? _____ yes _____ no
Is your home in foreclosure? _____ yes _____ no
Do you own other real estate? _____ yes _____ no
Do you have an interest in retirement assets? _____ yes _____ no
Do you an interest in investment accounts? _____ yes _____ no
Do you an interest in a business(es)? _____ yes _____ no
Do have an interest in vehicle(s)? _____ yes _____ no
Do have an interest in other assets over \$7500? _____ yes _____ no

If so, please list: _____

Do you have a non-marital interest in any assets? _____ yes _____ no

If so, what interest do you claim? _____

<u>Debts:</u>	<u>Approximate balance:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Are you involved in any bankruptcy proceeding? _____ yes _____ no
Do you intend to file bankruptcy? _____ yes _____ no

Date: _____

Attorney, or party signature if not represented

Attorney I.D. # _____

Address: _____

City, State, Zip _____

Telephone: _____