

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_JUDICIAL DISTRICT

File No.

Petitioner,

**Confidential  
Initial Case Management  
Conference Data Sheet**

And

Respondent.

**THIS FORM MUST BE COMPLETED WITH THE BEST INFORMATION AVAILABLE AT THE TIME OF COMPLETION AND SUBMITTED TO THE COURT AT LEAST TWO BUSINESS DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE.**

- 1) The following information is provided by the Petitioner/Respondent (circle one).
- 2) a) Has either party been the subject of a harassment restraining order? Yes/No (circle one).
- b) Has either party been the subject of a domestic abuse order for protection? Yes/No(circle one).
- c) Has domestic abuse occurred in this relationship? Yes/No (circle one).

**INFORMATION REGARDING CHILDREN:**

- 1) List the names, birthdates and ages of the minor children of this relationship.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2) List the names, birthdates and ages of other minor children of the parties.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3) Have any of the children been the subject of a child protection case? Yes/No (circle one).  
 If yes: when \_\_\_\_\_ where \_\_\_\_\_
- 4) Is there an agreement regarding legal custody of children? Yes/No (circle one).
- 5) Is there an agreement regarding physical custody of children? Yes/No (circle one).

- 6) Is there an agreement regarding parenting time? Yes/No (circle one).
- 7) Give a statement of what the agreement is for each issue that is resolved: (attach additional pages as required) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If custody/parenting time is contested, please provide the Court with pictures of the minor child(ren).

**INFORMATION REGARDING ALTERNATIVE 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: \_\_\_\_\_
- 3) Summary of monthly budget expenses (for the party preparing this form):
- |           |          |
|-----------|----------|
| Mortgage  | \$ _____ |
| Rent      | \$ _____ |
| Food      | \$ _____ |
| Telephone | \$ _____ |

Heat	\$ _____
Sewer/Water/Garbage	\$ _____
Electricity	\$ _____
Cable TV	\$ _____
Medical Expenses	\$ _____
Health/life insurance	\$ _____
Home insurance	\$ _____
Car Insurance	\$ _____
Car payment	\$ _____
Car repair/fuel	\$ _____
Daycare	\$ _____
School expenses	\$ _____
Donations	\$ _____
Loans (list) _____	\$ _____
_____	\$ _____

Credit card bills (itemize)

a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____

Other (itemize)

a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____

4) Homestead Address: \_\_\_\_\_

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a.	Approximate Homestead Value: \$ _____
b.	Mortgage on Homestead: \$ _____
c.	Date of purchase: _____

5) Checking Accounts (bank name(s) and balance(s)): \_\_\_\_\_

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6) Savings Accounts (bank name(s) and balance(s)): \_\_\_\_\_

\_\_\_\_\_

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 (circle one) If yes, itemize: \_\_\_\_\_

\_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS TO THIS DATA SHEET:**

1. Paystubs 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.
3. Please attach any unemployment compensation statements or worker's compensation statements and all other income received during the last three

months, including any public financial assistance in money or in-kind services (grants, heating assistance, medical assistance, etc.)

4. If custody/parenting time is contested, please provide the Court with pictures of the minor child(ren).

THIS FORM WAS PREPARED BY:

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

Address/Telephone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_