

**State of Minnesota**

**District Court**

County of St. Louis

Judicial District: Sixth  
Court File Number:  
Case Type:

\_\_\_\_\_  
Petitioner

**vs.**

\_\_\_\_\_  
Respondent

**CONFIDENTIAL INITIAL  
CASE MANAGEMENT  
CONFERENCE DATA  
SHEET**

To be filled out and provided to the court at least three days prior to the first court hearing.

- 1. The following information is provided by the  Petitioner  Respondent
- 2. 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 domestic abuse occurred in this relationship?  Yes  No  
 d) Have you ever been in fear of the other party?  Yes  No If yes, explain:

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

**Information Regarding Children:**

- 1. Are the parties currently residing together?  Yes  No  
If no, when did you separate? \_\_\_\_\_
- 2. Have any of the children been the subject of a child protection case?  Yes  No
- 3. List the names, birth dates and ages of the minor children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Is there an agreement regarding legal custody of the children?  Yes  No

- 5. Is there an agreement regarding physical custody of the children?  Yes  No
- 6. Is there an agreement regarding parenting time?  Yes  No
- 7. What are the current parenting time arrangements for the children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. Give a detailed statement of each issue that is not resolved and your proposed resolution to the issue (attach additional pages as required). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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:**

Petitioner's employer and address:

Respondent's employer and address:

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

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

Petitioner's gross monthly income: \_\_\_\_\_

Respondent's gross monthly income: \_\_\_\_\_

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/License	\$ _____
Daycare	\$ _____
School Expenses	\$ _____
Donations	\$ _____
Clothing	\$ _____
Laundry /Dry Cleaning	\$ _____
Recreation/Travel	\$ _____
Personal Allowances/Incidentals	\$ _____
Home Maintenance	\$ _____
Loans (list) _____	\$ _____
_____	\$ _____
Credit Card Bills (itemize)	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
Other (itemize)	
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

Homestead Address: \_\_\_\_\_

Approximate Homestead Value: \$ \_\_\_\_\_

Mortgage on Homestead: \$ \_\_\_\_\_

Checking Account (bank name (s) and balances(s)): \_\_\_\_\_

\_\_\_\_\_

Savings Account (bank name (s) and balances(s)): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Automobiles (make, model, year, approximate mileage and approximate value): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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Other Assets of value (do not include normal household goods and furnishings) (list each with an approximate value):

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Are there non-marital claims?  Yes  No

If yes, itemize:

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

1. Additional sheets as necessary to answer any and all questions above.
2. Paystubs for the last three months of employment.
3. If self-employed, please attach a statement of receipts and expenses for the past six months.
4. Most recent Federal and State Tax Returns, including W-2s and 1099s, if self-employed.
5. 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.)

This form was prepared by:

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Petitioner/Respondent  
Address/Telephone Number:

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