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Family Law Mediation Intake Form **(Child Relocation and Removal)**

I. PARTY INFORMATION

	Parent 1	Parent 2
Name		
Address		
City		
State		
Zip		
Telephone		
Email		
Preferred Pronouns		
Birthday		
Employer		
Title		

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Family Law Mediation Intake Form:
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II. LEGAL REPRESENTATION

	Parent 1	Parent 2
Attorney Name		
Firm		
Address		
City		
State		
Zip		
Email		
Phone		

III. CHILDREN'S INFORMATION

Please note the children of this relationship:

Name(s)	
Sex	
Date(s) of Birth & Age(s)	
Currently Residing With	
Health Status	
Education Level or Special Education Concerns	
Extra-curricular Activities (if applicable)	

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Please note any other children from Parent 1 of any other relationship:

Name	DOB	Age	Grade	Lives Primarily With	Heath

Please note any other children from Parent 2 of any other relationship:

Name	DOB	Age	Grade	Lives Primarily With	Heath

Please note any caretakers for the children:

Name(s)	
Sex	
Relationship	
Address	
Phone Number	
Description	

IV. COURT INFORMATION

Is this mediation court ordered?

No Yes: _____

Please attach any applicable court orders or docket entries.

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Is this matter in litigation?

No Yes

Case No. _____ County: _____ Judge: _____

If this mediation is not court ordered, then how did you hear about us?

Please note any litigation history (if applicable) below:

Parties	Court	Date Commenced	Index No.	Type of Dispute	Judge or Referee	Resolution

V. BACKGROUND AND NATURE OF DISPUTE

A. Type of Dispute (check all that apply):

1. Practical Aspects of the Move:

- Whether Move is Consented
- Where Children will live Primarily
- Choice of School
- Housing
- Family Support or Child Care in New Location
- Other: _____

2. Parenting Time

- Basic (regular) parenting time schedule
- Holiday schedule
- Summer and school break schedules

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- Vacation schedule (e.g., number of days/weeks, notice requirements, travel details)
- Transportation logistics (e.g., pick-up/drop-off times and locations and third party assistance)
- Communication with children during the other parent's time (i.e., calls, FaceTime)
- Procedures for modifying the schedule as needed

3. *Child Support and Child-Related Financial Issues*

- Travel costs
- Other: _____

B. Brief Description of the Dispute:

C. Documents to Review

(Attach copies, if available)

- Parenting Plans (Agreed Upon or Proposed Parentings Plans)
- Judgments, Orders (including Temporary Orders)
- Invoices / Statements/ Receipts
- Correspondence (emails, letters)
- Prior settlement offers
- School records
- Housing information
- Other relevant documents:

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D. Prior Attempted Resolution

Have the parties attempted to resolve this dispute previously?

No Yes

If yes, please explain:

VI. GOALS AND MEDIATION LOGISTICS

Do you have any specific mediator requests?

No Yes

If yes, please explain:

Are there any mediators at the clinic where there are known conflicts of interest?

No Yes

If yes, please explain:

Preferred mediation format:

- In-person in the Shelbyville Office, 215 E Main Street
- In-person in the Champaign Office, 301 N Neil Street, 4th Floor
- In-person at another location: _____
- Virtual (Zoom)
- Hybrid

What is your general availability?

	M	T	W	R	F	S	S
Morning							
Afternoon							
Evening							

Are there any days that you are not unavailable for the next 45 days?

No Yes

If yes, please explain:

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Is an Interpreter needed?

No Yes

If yes, language:

Spanish
 Mandarin
 German
 Polish

French
 Other

Are there any other accommodations requested?

Are there any safety concerns that we should be aware of?

No Yes

If yes, please explain:

Please also complete the Domestic Violence Screening Questionnaire.

SIGNATURE

I hereby certify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

*Return the intake form to P.O. Box 647, Shelbyville, IL 62565 or
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