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

### **I. PARTY INFORMATION**

	Parent 1	Parent 2
<b>Name</b>		
<b>Address</b>		
<b>City</b>		
<b>State</b>		
<b>Zip</b>		
<b>Telephone</b>		
<b>Email</b>		
<b>Preferred Pronouns</b>		
<b>Birthday</b>		
<b>Employer</b>		
<b>Title</b>		



## 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)	

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:

<b>Name(s)</b>	
<b>Sex</b>	
<b>Relationship</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Description</b>	

#### 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

- ☐ 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:**

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### **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:

#### D. Prior Attempted Resolution

Have the parties attempted to resolve this dispute previously?

☐ No

☐ Yes

If yes, please explain:

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#### VI. GOALS AND MEDIATION LOGISTICS

Do you have any specific mediator requests?

☐ No

☐ Yes

If yes, please explain:

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

☐ No

☐ Yes

If yes, please explain:

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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?

	<u>M</u>	<u>T</u>	<u>W</u>	<u>R</u>	<u>F</u>	<u>S</u>	<u>S</u>
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  
info@illinoismediation.net*