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P.O. Box 647
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Family Law Mediation Intake Form
(Child Support Only)

I. PARTY INFORMATION

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



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	
Education Level or Special Education Concerns	
Extra-curricular Activities (if applicable)	

Please attach the birth certificate and Voluntary Acknowledgement of Paternity (if applicable) for each child.

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.



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. Basic Child Support

- Calculation of Basic Child Support
- Modification of Basic Child Support
- Other: _____

2. Child-Related Financial Issues

- Health insurance coverage and cost-sharing
- Uninsured medical and dental expenses (e.g., what is included, percentage split)
- Child care (including summer camp or after school programs)
- Recreational activities and extracurricular expenses (e.g., sports, lessons, equipment)
- School and educational expenses (e.g., registration, tutoring, supplies, school trips)
- College or post-secondary contributions (if applicable)



- Tax dependency claims (who claims which child, which years)
- Other: _____

3. Spousal Support

- Calculation of Spousal Maintenance
- Duration of Spousal Maintenance
- Modification of Spousal Maintenance
- Termination of Spousal Maintenance
- Life insurance to secure spousal maintenance
- Calculation of Arrears: _____
- Other: _____

4. Miscellaneous Issues

- Arrears
- 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)
- Financial Affidavit
- Invoices / Statements/ Receipts
- Correspondence (emails, letters)
- Prior settlement offers
- Paystubs



- Tax Returns
 - Other relevant documents:
-

D. Income of the Parties

Please describe the sources of income for both parties and attach documents supporting the income (e.g., tax returns, pay stubs, W2's, 1099's):

1. Mother

2. Father

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?

	<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:

Is an Interpreter needed?

No

Yes

If yes, language:

Spanish

Mandarin

German

Polish

French

Other

Are there any other accommodations requested?

Highly Confidential

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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*