217.774.5834
info@illinoismediation.net
P.O. Box 647
Shelbyville, IL 62565

Commercial Mediation Intake Form

I. PARTY INFORMATION

	Party 1	Party 2
Name		
Business Name / Organization		
Address		
City		
State		
Zip		
Telephone		
Email		
Preferred Pronouns		
Birthday		

II. LEGAL REPRESENTATION

	Party 1	Party 2
Attorney Name		
Firm		
Address		
City		
State		
Zip		
Email		
Preferred Pronouns		

III. 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?

_____

IV. BACKGROUND AND NATURE OF DISPUTE

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

- ☐ Contract / Payment Dispute
- ☐ Partnership / Shareholder Dispute
- ☐ Corporate Governance
- ☐ Vendor / Supplier
- ☐ Intellectual Property
- ☐ Technology
- ☐ Insurance
- ☐ Employment-related
- ☐ Real Estate / Commercial Lease
- ☐ Professional Services
- ☐ Construction / Contractor / Subcontractor Dispute
- ☐ Debt / Lending / Financial
- ☐ Other: _____

B. Brief Description of the Dispute:

C. Contractual Documents

(Attach copies, if available)

- ☐ Contract / Agreement
- ☐ Amendments / Addenda
- ☐ Invoices / Statements
- ☐ Correspondence (emails, letters)
- ☐ Prior settlement offers
- ☐ Other relevant documents:

D. Financial Details

Approximate amount in controversy: $_____

Are there any ongoing payments or contracts affected by this dispute?

☐ No ☐ Yes If yes, please explain:

_____

E. Issues for Mediation

(Identify the specific areas where assistance is needed)

1. _____

2. _____

3. _____

4. _____

F. Prior Attempted Resolution

Have the parties attempted to resolve this dispute previously?

☐ No ☐ Yes If yes, please explain:

V. 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:

_____

Non-monetary issues important to either party:

☐ Confidentiality
☐ Preserving business relationship
☐ Clarification of business terms / future contract terms
☐ Apology or acknowledgment
☐ Other: _____

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:

_____

Is an Interpreter needed?

☐ No ☐ Yes If yes, language:

☐ Spanish
☐ Mandarin
☐ German
☐ Polish
☐ French
☐ Other

_____

Are there any other accommodations requested?

Who will attend mediation?
(Include decision-makers, insurance representatives, etc.)

Do you have full settlement authority?

☐ No ☐ Yes If no, please explain:

_____

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

☐ No ☐ Yes If yes, please explain:

_____

Please list any additional details, documents, or background information that may help the mediator better understand the matter.

Will you plan on submitting any premediation statement or other materials prior to mediation?

☐ No ☐ Yes ☐ Not Sure If yes, please explain:

Any premediation statement or other materials must be submitted at least 7 days prior to the mediation.

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