



217.774.5834
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P.O. Box 647
Shelbyville, IL 62565

Family Law Mediation Intake Form **(Spousal Only)**

I. PARTY INFORMATION

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



II. LEGAL REPRESENTATION

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

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?

Please note any litigation history (if applicable) below:

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

IV. BACKGROUND AND NATURE OF DISPUTE

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

1. Spousal Maintenance

- Calculation of Spousal Maintenance
- Duration of Spousal Maintenance
- Modification of Spousal Maintenance
- Termination of Spousal Maintenance
- Other: _____

2. Other Issues

- Calculation of Arrears: _____
- Other: _____

B. Brief Description of the Dispute:

C. Documents to Review

(Attach copies, if available)

- Marital Settlement Agreement
- 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):

E. 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:

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?

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*