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Family Law Mediation Intake Form **(Nuptial Agreement/ Cohabitation Agreement)**

I. PARTY INFORMATION

	Party 1	Party 2
Name		
Address		
City		
State		
Zip		
Telephone		
Email		
Preferred Pronouns		
Birthday		
Employer		
Title		
Level of Education		
Previous Marriages		
Children of a Prior Relationship		



II. LEGAL REPRESENTATION

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

III. MARRIAGE

Do you have any children of this relationship?

No Yes Pregnant

If Yes, please put names and DOB's for each child:

What is the expected (or past) date of marriage? _____

Where will the marriage take place or took place? _____

Have the Save the Dates been sent out?

No Yes N/A Already Married

Have the wedding invitations been sent out?

No Yes N/A Already Married

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What other plans have been made and/or carried out for the wedding?

Whose idea was the nuptial agreement?

Party 1 Party 2 Mutual Family Pressure

Do you feel pressure in any way to enter a nuptial agreement?

No Yes Not Sure

If yes, please explain:

IV. BACKGROUND AND NATURE OF DISPUTE

A. Type of Nuptial Agreement

Prenuptial Agreement
 Postnuptial Agreement
 Cohabitation Agreement

B. Known Issues to Discuss

Business Interests
 Real Estate
 Spousal Maintenance or Support
 Estate Rights
 Life Insurance
 Identification of Separate and Marital Property
 Division of Marital Property
 Other: _____

C. Main Goals of the Agreement

D. Do your goals differ from your fiancé's goals of the agreement?

E. What Decisions have you already made about your agreement?

F. Documents to Review

(Attach copies, if available)

- Balance Sheets / Asset and Debt Sheets
- Correspondence (emails, letters)
- Prior draft or final agreements
- Other relevant documents:

G. 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):

H. Prior Attempted Resolution

Have the parties attempted to resolve this dispute previously?

No Yes

If yes, please explain:

V. ASSETS AND DEBTS

A. Real Property

<u>Type*</u>	<u>Address</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>FMV</u>	<u>Balance on Mortgage</u>	<u>Title Owner(s)</u>

* R = residence, I = investment/ rental, U = unimproved land, F = farm or ranch, C = commercial property, V = vacation property

B. Cash Accounts

<u>Type</u>	<u>Bank</u>	<u>Account No. (Last 4 Digits)</u>	<u>Approximate Value (date)</u>	<u>Title Owner(s)</u>

C. Retirement Accounts, Stocks, Bonds, Annuities & Other Accounts

<u>Type</u>	<u>Financial Institution</u>	<u>Account No. (Last 4 Digits)</u>	<u>Approximate Value (date)</u>	<u>Title Owner(s)</u>

D. Notes / Accounts Receivable

<u>Owned By</u>	<u>Account No.</u>	<u>Amount Due</u>	<u>Due Date</u>	<u>Purpose</u>

E. Life Insurance

<u>Type</u>	<u>Insurer</u>	<u>Title Owner</u>	<u>Face Value</u>	<u>Beneficiaries</u>

F. Business Interests

<u>Name</u>	<u>Type of Entity</u>	<u>State Organized</u>	<u>Ownership Interest</u>	<u>Estimated Value (if known)</u>

G. Pets & Other Animals

<u>Name</u>	<u>Type of Animal</u>	<u>Title Owner</u>

H. Other Property

<u>Description</u>	<u>Title Owner(s)</u>	<u>FMV</u>

Description	Title Owner(s)	FMV

VI. LIABILITIES / DEBTS

Type of Debt	Financial Institution	Account No. (Last 4 Digits)	Approximate Liability (date)	Debtor(s) / Title Owner(s)

VII. 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:

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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?

	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:

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*