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## **Agriculture Mediation Intake Form**

### **I. PARTY INFORMATION**

	<b>Party 1</b>	<b>Party 2</b>
<b>Name</b>		
<b>Business Name / Organization</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>		



## 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Contract / Payment Dispute          | <input type="checkbox"/> Nuptial Agreement                                   |
| <input type="checkbox"/> Partnership / Shareholder Dispute   | <input type="checkbox"/> Right-to-Farm                                       |
| <input type="checkbox"/> Corporate Governance                | <input type="checkbox"/> Farm/ Agri-business Probate or Trust Administration |
| <input type="checkbox"/> Vendor / Supplier                   | <input type="checkbox"/> Land Use  |
| <input type="checkbox"/> Intellectual Property               | <input type="checkbox"/> Lease Issues  |
| <input type="checkbox"/> Technology                          | <input type="checkbox"/> USDA Loan or Program Dispute                        |
| <input type="checkbox"/> Insurance                           | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Employment-related                  |  |
| <input type="checkbox"/> Real Estate / Commercial Lease      |  |
| <input type="checkbox"/> Farm Estate and Succession Planning |  |

##### 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:

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#### **E. Issues for Mediation**

*(Identify the specific areas where assistance is needed)*

1.

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2.

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3.

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4.

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## 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:

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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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Non-monetary issues important to either party:

- ☐ Confidentiality
- ☐ Preserving business relationship
- ☐ Preserving personal relationships with family members
- ☐ Clarification of business terms / future contract terms
- ☐ Apology or acknowledgment
- ☐ Farm or agribusiness succession
- ☐ 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?

	<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 available 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:

Confidential

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Agriculture Mediation Intake Form



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

☐ No

☐ Yes

If yes, please explain:

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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*