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P.O. Box 647
Shelbyville, IL 62565

Probate & Trust Administration Mediation Intake Form

I. PARTY INFORMATION

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



	Party 3	Party 4
Name		
Business Name / Organization		
Address		
City		
State		
Zip		
Telephone		
Email		
Preferred Pronouns		
Birthday		

	Party 5	Party 6
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		

	Party 3	Party 4
Attorney Name		
Firm		
Address		
City		
State		
Zip		
Email		
Preferred Pronouns		

	Party 5	Party 6
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. SUBJECT ESTATE

Please describe the subject estate to the property or trust administration dispute:

Name of Decedent:	
Date of Death:	
Age of Decedent at Death:	
Location of Death:	
Relationship with the Parties:	
Spouse of Decedent:	
Siblings of Decedent:	
Children of Decedent:	
Grandchildren of Decedent:	
Type of Property Owned in Illinois:	
Type of Property Owned Outside of Illinois:	
Type of Testamentary Documents as of the Date of Death:	

Other Information regarding the estate:

Attach any applicable Last Will and Testament, Trust (and amendments and or restatements), Powers of Attorney, Death Certificate, etc.

Additionally, please attach any applicable family tree.

V. BACKGROUND AND NATURE OF DISPUTE

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

☐ Probate Dispute

☐ Other:

☐ Trust Administration Dispute

B. Brief Description of the Dispute:

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C. Documents

(Attach copies, if available)

- ☐ Contract / Agreement
- ☐ Estate Planning Documents
- ☐ Deeds
- ☐ 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:

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:

Non-monetary issues important to either party:

- ☐ Confidentiality
- ☐ Preserving family relationships
- ☐ Preserving personal relationships with family members
- ☐ Clarification of business terms / future contract terms
- ☐ Apology or acknowledgment
- ☐ Farm or business 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 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.)

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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*

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