



217.774.5834  
[info@illinoismediation.net](mailto:info@illinoismediation.net)  
P.O. Box 647  
Shelbyville, IL 62565

## **Dissolution of Marriage Mediation Intake Form** **(No Minor Children)**

### **I. PARTY INFORMATION**

	<b>Party 1</b>	<b>Party 2</b>
<b>Name</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>		
<b>Employer</b>		
<b>Title</b>		

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



## II. LEGAL REPRESENTATION

	<b>Party 1</b>	<b>Party 2</b>
<b>Attorney Name</b>		
<b>Firm</b>		
<b>Address</b>		
<b>City</b>		
<b>State</b>		
<b>Zip</b>		
<b>Email</b>		
<b>Phone</b>		

## III. MARRIAGE AND SEPARATION

Date of Marriage: \_\_\_\_\_

Date of Separation (if applicable): \_\_\_\_\_

For the dissolution of marriage, are you seeking a:

- Divorce
- Separation
- Annulment
- Not Sure

Do you have adult emancipated children together?

- No
- Yes:

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

Do you have children of a prior relationship or different relationship?

No       Yes:

Please note names and ages:

---

Is there a prenuptial or postnuptial agreement?

No       Yes:

If yes, please state dates of each plus any amendments:

---

Do you have an estate plan?

No       Yes:

If Yes, do either of you have an individual or joint trust?

No       Yes:

If Yes, do you have Powers of Attorney (Health or Property)?

No       Yes:

*Please provide copies of your estate plan.*

#### **IV. 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: \_\_\_\_\_

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



If this mediation is not court ordered, then how did you hear about us?

---

## V. LITIGATION HISTORY

Please note any litigation history between the Parties (if applicable):

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

## VI. BACKGROUND AND NATURE OF DISPUTE

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

#### 1. *Spousal Support*

- Calculation of Spousal Maintenance
- Duration of Spousal Maintenance
- Modification of Spousal Maintenance
- Termination of Spousal Maintenance
- Life insurance to secure spousal maintenance
- Calculation of Arrears: \_\_\_\_\_
- Other: \_\_\_\_\_

#### 2. *Equitable Distribution*

What are the types of assets involved?

- Residential Real Estate
- Commercial Real Estate (including Farm land)
- Vehicle
- Cash/ Bank Accounts
- Pension
- IRA (e.g., Simple, Roth, SEP)

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



- 401k
- Stocks
- Bonds
- Business Interest (including Farming Business)
- Sports Equipment and Boats
- Farm Equipment
- Grain Inventory
- Whole Life Insurance

*Please provide copies of deeds (if you have in your possession) or PINs so that the deeds can be pulled from the County.*

*If this divorce includes a farming enterprise, please complete the farmland, grain inventory, prepaid expenses and farm equipment addendums and or submit a farm balance sheet.*

### **3. Post Secondary Child Support?**

Are any of the emancipated children in college?

- No
- Yes

### **4. Temporary Issues**

Are there any temporary orders?

- No
- Yes

Do you feel there needs to a temporary order?

- No
- Yes

If Yes, on what issues:

- Spousal Maintenance
- Health Insurance
- Exclusive Occupancy of Marital Residence
- Life Insurance
- Restraining Order (financial)
- Restraining Order (person) or Stay Away Order

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



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
- Statements:

---

Other relevant documents:

---

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



#### **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:

---

### **VII. 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

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



**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>

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



### E. Life Insurance

Type	Insurer	Title Owner	Face Value	Beneficiaries

### F. Business Interests

Name	Type of Entity	State Organized	Ownership Interest	Estimated Value (if known)

### G. Pets & Other Animals

Name	Type of Animal	Title Owner

### H. Other Property

Description	Title Owner(s)	FMV

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



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

### **VIII. LIABILITIES / DEBTS**

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

### **IX. 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:

---

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



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?

	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>	<b>S</b>	<b>S</b>
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?

---

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form



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*

Confidential

© 2026, Illinois Mediation Clinic. All Rights Reserved.  
Dissolution of Marriage Mediation (no Minor Children)  
Intake Form

