Family Law Mediation Intake Form
(Allocation of Parental Responsibilities and Child Support)

I. PARTY INFORMATION

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

II. LEGAL REPRESENTATION

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

III. CHILDREN'S INFORMATION

Please note the children of this relationship:

Name(s)	
Sex	
Date(s) of Birth & Age(s)	
Currently Residing With	
Education Level or Special Education Concerns	
Extra-curricular Activities (if applicable)	

Please attach the birth certificate and Voluntary Acknowledgement of Paternity (if applicable) for each child.

Please note any other children from Parent 1 of any other relationship:

Name	DOB	Age	Grade	Lives Primarily With	Heath

Please note any other children from Parent 2 of any other relationship:

Name	DOB	Age	Grade	Lives Primarily With	Heath

Please note any caretakers for the children:

Name(s)	
Sex	
Relationship	
Address	
Phone Number	
Description	

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: _____

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

V. BACKGROUND AND NATURE OF DISPUTE

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

1. Decision-Making

☐ Health (non-emergency)

☐ Education

☐ Religion

☐ Extra-curricular activities

☐ Other: _____

2. Parenting Time

☐ Basic (regular) parenting time schedule

☐ Holiday schedule

☐ Summer and school break schedules

☐ Vacation schedule (e.g., number of days/weeks, notice requirements, travel details)

- [ ] Transportation logistics (e.g., pick-up/drop-off times and locations and third party assistance)
- [ ] Communication with children during the other parent's time (i.e., calls, FaceTime)
- [ ] Right of first refusal/care (i.e., before third parties)
- [ ] Procedures for modifying the schedule as needed
- [ ] What is the attitude of each parent on child discipline
- [ ] Procedures for communication for school/medical issues and appointments
- [ ] Third parties' presence and/or assistance with children
- [ ] Other: _____

3. *Child Support and Child-Related Financial Issues*

- [ ] Basic Child support (e.g., amount, payment method, frequency)
- [ ] Health insurance coverage and cost-sharing
- [ ] Uninsured medical and dental expenses (e.g., what is included, percentage split)
- [ ] Child care (including summer camp or after school programs)
- [ ] Recreational activities and extracurricular expenses (e.g., sports, lessons, equipment)
- [ ] School and educational expenses (e.g., registration, tutoring, supplies, school trips)
- [ ] College or post-secondary contributions (if applicable)
- [ ] Tax dependency claims (who claims which child, which years)
- [ ] Other: _____

B. Brief Description of the Dispute:

C. Documents to Review

(Attach copies, if available)

- ☐ Parenting Plans (Agreed Upon or Proposed Parentings Plans)
- ☐ 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):

1. Mother

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2. Father

E. 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:

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 ☐ French
☐ Mandarin ☐ Other
☐ German
☐ Polish

IMC

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