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P.O. Box 647
Shelbyville, IL 62565

Real Estate Mediation Intake Form

I. PARTY INFORMATION

	Party 1	Party 2
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		

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?

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IV. SUBJECT PROPERTY

Please describe the subject property and properties:

A. Property 1:

County	
Address or Commonly Known as:	
Township:	
PIN:	
Number of Total Acres:	
Number of Tillable Acres (if farmable):	
Number of Timber Acres (if applicable):	
Buildings on the subject property:	
Leaseholds on the subject property:	
Other encumbrances on subject property:	
Owner of subject property:	
Description of water on property:	

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B. Property 2:

County	
Address or Commonly Known as:	
Township:	
PIN:	
Number of Total Acres:	
Number of Tillable Acres (if farmable):	
Number of Timber Acres (if applicable):	
Buildings on the subject property:	
Leaseholds on the subject property:	
Other encumbrances on subject property:	
Owner of subject property:	
Description of water on property:	

Other Information regarding the subject property:

Attach any applicable deeds, title work, survey, arial photographs, public records, legal descriptions, deeds or other information regarding the subject property or properties.

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V. BACKGROUND AND NATURE OF DISPUTE

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

<input type="checkbox"/> Contract / Payment Dispute	<input type="checkbox"/> Land Use & Zoning
<input type="checkbox"/> Partnership / Shareholder Dispute	<input type="checkbox"/> Adverse Possession
<input type="checkbox"/> Boundary Dispute	<input type="checkbox"/> Trespass
<input type="checkbox"/> Farm Lease	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Commercial Lease	
<input type="checkbox"/> Post Real Estate Closing	

B. Brief Description of the Dispute:

C. Documents

(Attach copies, if available)

- Contract / Agreement
- Leases
- Title Insurance / Report
- Amendments / Addenda
- Invoices / Statements
- Correspondence (emails, letters)
- Prior settlement offers
- Other relevant documents:

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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:

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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 business relationship
- Preserving personal relationships with family members
- Clarification of business terms / future contract terms
- Apology or acknowledgment
- Ability to continue to farm
- 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?

	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:

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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:

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.

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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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