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Dissolution of Marriage Mediation Intake Form
(With Minor Children)

I. PARTY/PARENT INFORMATION

| | Party/Parent 1 | Party/Parent 2 |
|---------------------------|-----------------------|-----------------------|
| Name | | |
| Address | | |
| City | | |
| State | | |
| Zip | | |
| Telephone | | |
| Email | | |
| Preferred Pronouns | | |
| Birthday | | |
| Employer | | |
| Title | | |



II. LEGAL REPRESENTATION

| | Party/Parent 1 | Party/Parent 2 |
|----------------------|-----------------------|-----------------------|
| Attorney Name | | |
| Firm | | |
| Address | | |
| City | | |
| State | | |
| Zip | | |
| Email | | |
| Phone | | |

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

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: _____

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

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

| Name | DOB | Age | Grade | Lives Primarily With | Heath |
|------|-----|-----|-------|----------------------|-------|
| | | | | | |
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Please note any other children from Parent 2 of any other relationship:

| Name | DOB | Age | Grade | Lives Primarily With | Heath |
|------|-----|-----|-------|----------------------|-------|
| | | | | | |
| | | | | | |
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Please note any caretakers for the children:

| | |
|---------------------|--|
| Name(s) | |
| Sex | |
| Relationship | |
| Address | |
| Phone Number | |
| Description | |

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 |
|---------|-------|----------------|-----------|-----------------|------------------|------------|
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VI. BACKGROUND AND NATURE OF DISPUTE

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

1. Children Related Issues

a. Allocation of Parental Responsibilities: Decision-Making:

- Health (non-emergency)
- Education
- Religion
- Extra-curricular activities
- Other: _____

b. Allocation of Parental Responsibilities: 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: _____

c. 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)
- Life insurance to secure child support
- Calculation of Arrears: _____
- Other: _____

2. 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: _____

3. 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)
- 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.

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:

- Decision-Making
- Parenting Time
- Child Support
- Spousal Maintenance
- Health Insurance
- Exclusive Occupancy of Marital Residence
- Life Insurance
- Restraining Order (financial)
- Restraining Order (person) or Stay Away Order
- Other: _____

B. Brief Description of the Dispute:

C. Documents to Review

(Attach copies, if available)

- Marital Settlement Agreement
- Parenting Plans (including Proposed Parentings Plans)
- Judgments, Orders (including Temporary Orders)
- Financial Affidavit
- Invoices / Statements/ Receipts
- Correspondence (emails, letters)
- Prior settlement offers
- Paystubs
- Tax Returns
- Statements:

-
- 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):

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> |
|--------------|----------------|----------------------|-----------------------|------------|----------------------------|-----------------------|
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* R = residence, I = investment/ rental, U = unimproved land, F = farm or ranch, C = commercial property, V = vacation property

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> |
|-------------|-------------|------------------------------------|---------------------------------|-----------------------|
| | | | | |



| <u>Type</u> | <u>Bank</u> | <u>Account No. (Last 4 Digits)</u> | <u>Approximate Value (date)</u> | <u>Title Owner(s)</u> |
|-------------|-------------|--|-------------------------------------|-----------------------|
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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> |
|-------------|----------------------------------|--|-------------------------------------|-----------------------|
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D. Notes / Accounts Receivable

| <u>Owned By</u> | <u>Account No.</u> | <u>Amount Due</u> | <u>Due Date</u> | <u>Purpose</u> |
|-----------------|--------------------|-------------------|-----------------|----------------|
| | | | | |
| | | | | |



E. Life Insurance

| <u>Type</u> | <u>Insurer</u> | <u>Title Owner</u> | <u>Face Value</u> | <u>Beneficiaries</u> |
|-------------|----------------|--------------------|-------------------|----------------------|
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F. Business Interests

| <u>Name</u> | <u>Type of Entity</u> | <u>State Organized</u> | <u>Ownership Interest</u> | <u>Estimated Value (if known)</u> |
|-------------|-----------------------|------------------------|---------------------------|-----------------------------------|
| | | | | |
| | | | | |
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| | | | | |

G. Pets & Other Animals

| <u>Name</u> | <u>Type of Animal</u> | <u>Title Owner</u> |
|-------------|-----------------------|--------------------|
| | | |
| | | |
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H. Other Property

| <u>Description</u> | <u>Title Owner(s)</u> | <u>FMV</u> |
|--------------------|-----------------------|------------|
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| <u>Description</u> | <u>Title Owner(s)</u> | <u>FMV</u> |
|--------------------|-----------------------|------------|
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VIII. LIABILITIES / DEBTS

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

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?

| | <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.)

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*