

**MEDIATION INFORMATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Name/address

WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

NAME OF PRESENT SPOUSE: \_\_\_\_\_

**CHILDREN WITH OTHER PARTY IN MEDIATION:**

| Name  | Date of Birth | Age   | Residing with |
|-------|---------------|-------|---------------|
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |

**CHILDREN FROM OTHER MARRIAGES AND/OR RELATIONSHIPS:**

| Name  | Date of Birth | Age   | Residing with |
|-------|---------------|-------|---------------|
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |

Is there or has there been in the past alternate living arrangements for your children or either parent? \_\_\_\_\_ YES \_\_\_\_\_ NO If "YES," please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Have you, your spouse, or children presently or in the past been in therapy? \_\_\_\_YES \_\_\_\_NO  
If "YES," please provide details:

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Have you previously been involved in mediation? \_\_\_\_YES \_\_\_\_NO If "YES," please provide details:

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**COURT INVOLVEMENT:**

You were referred to mediation for: \_\_\_\_ pending dissolution \_\_\_\_ post-judgment

Your Attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Was a Guardian ad Litem appointed for the children? \_\_\_\_YES \_\_\_\_NO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Court docket (case) number: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Are you involved in other Court-referred programs or services? \_\_\_\_YES \_\_\_\_NO If so, which ones and for what issues:

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Are there other pending proceedings in other Courts, e.g. juvenile, criminal? \_\_\_\_YES \_\_\_\_NO  
If so, which ones and for what issues:

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CONFIDENTIAL QUESTIONS

|   | YES   | NO    |
|---|-------|-------|
| 1. Do you have any concerns about the child(ren)'s emotional and/or physical welfare?   | _____ | _____ |
| 2. Has the Illinois Department of Children and Family Services been involved with the family regarding allegations of abuse and/or neglect to the children? | _____ | _____ |
| 3. Have you ever feared that you would not have access to your child(ren)?  | _____ | _____ |
| 4. Do you have any questions or concerns about your child(ren) speaking with the mediator?  | _____ | _____ |
| 5. Has there ever been medical treatment or hospitalization for _____ psychiatric disorders in the immediate family?  |       | _____ |
| 6. Do you have any concerns regarding the use of alcohol and/or drugs in the immediate family?  | _____ | _____ |
| 7. Has there ever been any physical confrontation between you and the other person?   | _____ | _____ |
| 8. Do you have any other concerns about your own emotional and/or physical safety with the other person?  | _____ | _____ |
| 9. Are you now, or have there previously been, Order for Protection? If yes, expiration date _____  | _____ | _____ |
| 10. Are you in any way afraid to meet with the other parent and the mediator?   | _____ | _____ |
| 11. Do you have any fear about answering these questions?   | _____ | _____ |

If yes, briefly state why \_\_\_\_\_  
\_\_\_\_\_