

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:

Have you previously been involved in mediation? ____YES ____NO If "YES," please provide details:

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:

Are there other pending proceedings in other Courts, e.g. juvenile, criminal? ____YES ____NO
If so, which ones and for what issues:

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 _____
