



Helping people find common ground.

As you are aware, you, or your client, have been ordered by the court to attend mediation. Until we receive the requested information, we will be unable to start the screening process for this mediation.

- First Judicial Circuit Pro Bono Family Mediation Referral Form (enclosed)
- Certificate of Household Income Form (enclosed)
- Signed Agreement to Mediate (enclosed)
- Copy of the Order for Mediation
- Copies of all documents submitted to the court regarding your case, including completed decisions and pending decisions
- Copies of all Order's of Protection ordered between the two parties
- If an Order of Protection in place, please provide a copy of the victim statement from the Emergency Order of Protection
- If there is currently any order in place that limits the contract between the parties, please attach all paperwork regarding this and a brief description of why you still recommend mediation
- PLEASE NOTE: If there is an Order of Protection in place, or any other order limiting contact between the parties, our office must receive something in writing from the judge on the case giving the parties permission to attend the mediation.

Please mail your referral form and all supporting documentation to the following address:

Missy Greathouse, Program Coordinator
Pro Bono Family Mediation Program
Dispute Resolution Institute, Inc.
P.O. Box 1136
Carbondale, IL 62903
Phone: (618) 549-1200
Fax: (618) 351-1419

Once we have received your referral, our office will contact you to begin work on setting up the court ordered mediation. If at any time you have any questions, please feel free to contact our office at (618) 549-1200.

Sincerely,

Missy Greathouse
Program Coordinator
Dispute Resolution Institute, Inc.

Enclosures

**FIRST JUDICIAL CIRCUIT
PRO BONO FAMILY MEDIATION REFERRAL FORM**

LEGAL CASE HISTORY:

Court Case File No.: _____

County: _____

Date of Marriage: ___/___/___ Date of Separation: ___/___/___ Date of Divorce: ___/___/___

Date of Paternity Case: ___/___/___ Other Important Date: ___/___/___

PARTICIPANTS:

Mother's Information:

Last Name: _____

Maiden/Other: _____

First Name: _____

Middle Initial: _____

Address: _____

Telephone (Home): _____

Telephone (Cell): _____

Telephone (Work): _____

DOB: ___/___/___

Father's Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

Telephone (Home): _____

Telephone (Cell): _____

Telephone (Work): _____

DOB: ___/___/___

Mother's Attorney Information:

Name: _____

Address: _____

Phone: _____

FAX: _____

Father's Attorney Information:

Name: _____

Address: _____

Phone: _____

FAX: _____

CHILDREN OF THESE PARENTS:

Name: _____

Birthdate: ___/___/___

School/Grade: _____

Residing With: _____

Name: _____

Birthdate: ___/___/___

School/Grade: _____

Residing With: _____

Name: _____

Birthdate: ___/___/___

School/Grade: _____

Residing With: _____

(If there are other children, please use another sheet and provide information requested above.)

LEGAL DECISIONS COMPLETED: (Attach copies of relevant court documents)

<input checked="" type="checkbox"/>	<u>Decisions</u>	<u>Terms</u>
	Dissolution of Marriage	
	Paternity	
	Temporary Custody	
	Temporary Visitation	
	Permanent Custody	
	Permanent Visitation	

LEGAL DECISIONS PENDING: (✓)

<input checked="" type="checkbox"/>	<u>Decisions</u>	<u>Hearing Date</u>
	Dissolution of Marriage	
	Paternity	
	Temporary Custody	
	Temporary Visitation	
	Permanent Custody	
	Permanent Visitation	
	Custody Modification	
	Visitation Modification	

VIOLENCE/OTHER IMPAIRMENTS: (✓)

Yes	No	
		Are there any Orders of Protection, bail conditions, or other orders that prohibit or limit contact between the parties?
		Is there any history of violence between the parties?
		If so, why are you recommending mediation? (Have you requested an exemption from the Order of Protection for mediation?)
		Are there any other impairments, such as substance abuse, that would prevent a party from being competent to make reasonable decisions?

Comments:

MEDIATION SCHEDULING:

Referral Source:

_____ Judge _____ Attorney _____ Psychologist _____ Client _____ Other

Date of Referral: ___/___/___

Court Deadline for Completing Mediation: ___/___/___

cc: Mediator, Mother, Father, Attorneys

Referral Source
Updated 8/2007

**CERTIFICATION OF HOUSEHOLD INCOME
OF FAMILY MEDIATION PARTICIPANT***

1. How many people currently reside in your household? _____
(Children are in the household where they spend more than 50% time.)

2. Does anyone in your household currently receive food stamps, TANF, or SSI?
Circle either yes or no: Yes No
(If yes, explain who in the household receives what benefit(s))

3. Excluding state or federal benefits, what is the monthly after-tax income in your household? (Include all monthly household income please.) _____

4. What is the total annual after-tax income for your household? _____
(Include all annual household income please.)

5. Do you have any anticipated, but not-yet-received, income that you will receive within the next six months (ex. An annuity, lawsuit settlement or trust payout)?
Circle: Yes No
(If yes, please explain what type of payment this is and how much you will receive.)

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

Signature of Affiant

Date

Return this form by mail or fax to:

Dispute Resolution Institute
P.O. Box 1136
Carbondale, IL 62903
FAX to 618-351-1419.

NOTE:
Your mediation will not be scheduled
until our office receives completed forms from both parties.

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AGREEMENT TO MEDIATE

The parties to this mediation sincerely intend to resolve the current issues regarding the care of their child/children after divorce or separation.

Therefore, the parties understand and agree:

1. Mediator.

Mediation will be conducted by a mediator(s) provided by the Dispute Resolution Institute, Inc. (DRI) or other pro bono mediator(s) on behalf of Dispute Resolution Institute at no cost. The mediator(s) will continually assess each party's ability and willingness to mediate. The mediator(s) will advise the parties if it appears that the mediation will not be successful.

2. Mediation Function.

Mediation should not begin unless the parents of the children are in the process of divorcing or their relationship is ending or has ended. This mediation is limited to issues regarding child custody and/or visitation. The parties further understand that the function of the mediator(s) does not include reconciliation, therapy, marriage counseling, or legal advice.

3. Privacy of Mediation.

The mediator(s) and the parties agree to assert the mediation privilege provided by the Uniform Mediation Act and local court rules. To further ensure privacy, the mediator(s) and the parties agree that: no party will call as a witness the mediator(s) nor any employee or agent of Dispute Resolution Institute to testify in any proceeding, nor seek to discover the mediator(s) or the mediator's materials. The parties will not subpoena records of the mediator(s) or the Dispute Resolution Institute for any reason.

4. Confidentiality.

The mediator(s) will treat all information provided during mediation as confidential. The mediator(s) will not disclose information obtained during mediation to outside persons or organizations without the permission of both parties, unless:

- a) there are allegations of child abuse,
- b) there is information regarding a clear and imminent danger to an individual or society, or
- c) information is necessary and relevant as a claim or defense of a claim against the mediator(s) or the Dispute Resolution Institute.

Unless otherwise agreed, the mediator(s) will not keep information learned from one party secret from the other.

