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Family Mediation Referral Packet Dispute Resolution Institute, Inc. (DRI)

Each party to a mediation ordered to DRI must complete Family Mediation Referral Packet. Until we receive the Packet, we are unable to start the screening and scheduling process.

Please, use the checklist below to ensure you have included all of the information required.

YES	NO	Item
		Pro Bono Family Mediation Referral Form
		Certification of Household Income
		Agreement to Mediate
		Copy of the Order for Mediation
		Copies of all court documents regarding your case, completed and pending decisions (e.g. current parenting orders, pending petitions, etc.)
		Copies of any orders limiting contact between the parties (such as an Order of Protection)
		Is an Order of Protection or other order limiting contact between the parties in place? If you answered yes, the judge must give permission for the parties to mediate and a copy of this permission must be attached, along with all court documents relating to this matter.

If required to complete the Packet in Court, you may be asked to submit your information directly to the Court. In addition, you may submit your information the following ways:

1. By mail to: Dispute Resolution Institute, Inc., PO Box 1136, Carbondale, IL 62903
2. By email to: family@dri-inc.org
3. Drop-off: Milwood Executive Suites, 1400 N Wood Rd, Murphysboro, IL 62966

If you have any questions, please contact us at (618) 549-1200, ext. 1001 or family@dri-inc.org

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: ___/___/___

Date of Mediation Referral: ___/___/___ Mediation Deadline: ___/___/___

Who referred the parties to mediation? (Circle) Judge Attorney Psychologist Client Other

If you circled other, please explain: _____

PARTICIPANTS:

Party 1:

Last Name: _____

Maiden/Other: _____

First Name: _____ Middle Initial: _____

Address: _____

Telephone (Home): _____

Telephone (Cell): _____

Email: _____

DOB: ___/___/___

Do you have an attorney? (Circle) YES NO

Party 1 Attorney:

Name: _____

Address: _____

Phone: _____

Email: _____

Party 2:

Last Name: _____

Maiden/Other: _____

First Name: _____ Middle Initial: _____

Address: _____

Telephone (Home): _____

Telephone (Cell): _____

Email: _____

DOB: ___/___/___

Do you have an attorney? (Circle) YES NO

Party 2 Attorney:

Name: _____

Address: _____

Phone: _____

Email: _____

CHILDREN OF THESE PARENTS

(If there are other children, please use another sheet.)

	CHILD'S NAME	BIRTHDAY / AGE	SCHOOL / GRADE	LIVES WITH
Child #1				
Child #2				
Child #3				

COMPLETED AND PENDING LEGAL DECISIONS

****IMPORTANT: You MUST attach any completed or pending legal decisions.****

Legal Decisions	Check if Legal Decision is Complete	Check if Legal Decision is Pending
Dissolution of Marriage		
Paternity		
Allocation of Parental Responsibility		
Parenting Time		
Relocation		
Other		

VIOLENCE OR OTHER IMPAIRMENTS

****IMPORTANT: If there is a current Order of Protection or other orders limiting contact, you MUST provide an Order from the Judge permitting mediation****

YES	NO	
		Are there any Orders of Protections, bail conditions, or other orders that prohibit or limit contact between the parties?
		Is there a history of violence between the parties? If yes, please explain why you are recommendation mediation in the comment section below or attach additional pages.
		If the parties have been ordered to mediation, has an attorney or a party to the case requested an exemption from the Order of Protection to attend the mediation?
		If the parties have been ordered to mediation, has an attorney or a party to the case requested the mediation to be waived due to the history of violence?
		Is there a current open Department of Children and Family Services (DCFS) case?
		Are there any other impairments, such as substance abuse, that would prevent a party from being competent to make reasonable decisions?

Additional Comments:

Submitted by: _____ Date: _____

Submit to: Dispute Resolution Institute, Inc. (DRI), PO Box 1136, Carbondale, IL 62903 or family@dri-inc.org
If you have questions, please contact us at 618.549.1200 or family@dri-inc.org

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

If you have an Order for Waiver of Court Fees or a Fee and Cost Waiver Certification, you may submit a copy of the Order or Certification in place of this form.

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.

Print Name of Affiant

Signature of Affiant

Date

Return this form by mail or email:

Dispute Resolution Institute, Inc., P.O. Box 1136, Carbondale, IL 62903 or family@dri-inc.org

PLEASE NOTE: Your mediation will not be scheduled until our office receives completed forms from both parties and any required payments are paid.



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(PLEASE READ FRONT TO BACK AND SIGN)

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.

5. Attendance and Participation at Mediation Sessions.

The parties are expected to attend mediation sessions as scheduled. The parties should call the Dispute Resolution Institute at least one full business day before the scheduled session if

they need to cancel. Rescheduling is very difficult.

Mediation is a voluntary process. Either party may terminate the mediation at any time after the time period required by the Court. However, the parties agree that anyone wishing to terminate the mediation will do so during a mediation session.

The parties should make the best effort to share information about their children. Failure to disclose all of the relevant facts may lead to a court setting aside any resolution reached.

6. Participation of Children and Others.

The participation of the child/children or others with a direct interest in the mediation will be permitted only if the mediator(s) finds that such participation may promote settlement. The mediator(s) will advise both parties in advance if others are to participate in the mediation.

7. Concurrence of Mediators.

It is the responsibility of each party to ensure that the final agreement is fair to each of them. Ordinarily, the mediator(s) will not express any belief as to the fairness of the agreement.

8. Independent Counsel.

The parties understand that no attorney-client relationship is formed between them and the mediator(s). Each party is encouraged to consult with legal counsel throughout the mediation process in order to obtain legal advice. Ordinarily, legal counsel does not attend mediation and they will not attend unless the parties and the mediator(s) agree. If a final agreement is reached, each party should review it with his or her attorney. When the mediated agreement is presented for its approval, the Court must be advised if either party has not obtained independent counsel. The Court may refuse to approve the agreement if it does not meet legal standards.

Neither the Dispute Resolution Institute nor the mediator(s) represents any party and neither the Dispute Resolution Institute nor the mediator(s) will file anything with the court other than the mediator's report.

We, the undersigned, agree to mediate according to the above terms and guidelines.

PRINT NAME

SIGNATURE

Date