



Helping people find common ground.

To whom it may concern:

Thank you for your interest in utilizing our pro bono mediation services. To have your case considered for pro bono family mediation services, you must provide to us the following:

- First Judicial Circuit Pro Bono Family Mediation Referral Form (attached)
- Certification of Household Income on each Family Mediation Participant (attached)
- Copy of the order to mediate
- 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 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 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: 549-1200
Fax: 351-1419

Once I have received your referral I will contact you if I have any questions and begin work on setting up the court ordered mediation.

If at any time you have any questions, please feel free to contact me at (618) 549-1200.

Sincerely,

Missy Greathouse

Missy Greathouse
Program Coordinator
Pro Bono Family Mediation Program
Dispute Resolution Institute, Inc.

**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.)

I, _____ (print preparer's name), hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Preparer

Date

Return this form to the Dispute Resolution Institute by mail at P.O. Box 1136, Carbondale, IL 62903, or by FAX to 618-351-1419. Your mediation cannot be scheduled until our office receives completed forms from both parties.

* This form may be completed by a non-represented party in the family case, by a represented party in the family case, or by the attorney for a represented party in the family case. Signing this form as the Preparer indicates that the information provided is true and accurate. An attorney's certification and signature indicates that the attorney has taken steps to provide true and accurate income information on behalf of the client.