

**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:

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**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