

SEVENTH JUDICIAL CIRCUIT
 _____ County

FAMILY COURT MEDIATION REFERRAL FORM

Judge Assigned: _____

Referred By: _____

File Number: _____

Date of Referral: _____

PETITIONER INFORMATION		RESPONDENT INFORMATION	
<u>Last Name</u>	<u>First Name</u>	<u>Last Name</u>	<u>First Name</u>
<u>Address:</u>		<u>Address:</u>	
<u>City, State, Zip Code:</u>		<u>City, State, Zip Code:</u>	
<u>Home Phone Number:</u> ()		<u>Home Phone Number:</u> ()	
<u>Work or Cell Phone Number:</u> ()		<u>Work or Cell Phone Number:</u> ()	
<u>Name of Attorney:</u>		<u>Name of Attorney:</u>	
<u>Attorney Phone Number:</u> ()		<u>Attorney Phone Number:</u> ()	

CHILDREN'S INFORMATION:

Child's Name	Date of Birth (Age)	School (Grade)	Residing with:

- No Orders of Protection or restraining orders are in effect, and I am not aware of any past acts of violence.
- Copies of Orders of Protection, etc... are attached.

Mediation is requested for the following:

Name/ Address / Phone of Mediator: _____

Deadline for contacting mediator: _____

Deadline for completing mediation: _____