

PUCHER & RANUCCI, P.C
MEDIATION INTAKE PACKET

Name: _____ Case Number: _____

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell: _____

Place of Employment: _____

Address of Employer: _____
STREET CITY STATE ZIP

Phone: _____ Fax: _____

Position: _____ Schedule: _____

Education: _____

Date of Birth: _____ Presently Residing Together? _____

Other Party Name: _____

Do you have any children? If so, please provide:

<u>Childrens Names</u>	<u>Date of Birth</u>	<u>School & Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been previously married? If so, please provide:

<u>Name of Former Spouse:</u>	<u>Date of Marriage</u>	<u>Date of Divorce</u>
_____	_____	_____
_____	_____	_____

Did you have any children in your previous marriage(s) or relationship(s)? If so, please provide:

<u>Childrens Names</u>	<u>Date of Birth</u>	<u>School & Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there ever been any alternative living arrangements for you, the other party, or any of the children? If so, please explain: _____

Have you, the other party, or any of the children ever been involved in therapy? If so, please explain: _____

Have you previously been involved in mediation? If so, please explain: _____

Were you referred to mediation in regards to Pending Dissolution or Post-Decree Matter? If so, please provide: _____

Next Court Date: _____

Attorney Name and Firm: _____

Address: _____

STREET

CITY

STATE

ZIP

Phone: _____ Fax: _____

Was a Guardian Ad Litem appointed for the children? If so, please provide

Name: _____ Address: _____

Phone: _____ Fax: _____

Are you involved in any other Court-referred programs or services? If so, please explain:

Are you, the other party, or any of the children currently involved in any other pending matters? If so, please explain: _____

Please state anything else you would like to share: _____

ADDITIONAL QUESTIONS

You may briefly explain your responses to these questions or simply state Yes or No.

1. Do you have any concerns about the child(ren)'s emotional or physical well-being?

2. Has the Illinois Department of Children and Family Services been involved with the family regarding allegations of abuse/or neglect of the child(ren)? _____

3. Have you ever feared that you would not have access to your child(ren)? _____

4. Do you have any questions or concerns about your child(ren) speaking with the mediator? _____

5. Do you have any concerns regarding the use of alcohol and/or drugs in your immediate family? _____

6. Have there ever been physical confrontations between you and the other party?

7. Do you have any concerns about your own emotional and/or physical safety with the other party? _____

8. Have there been any Orders of Protection filed in this matter? _____

9. Are you in any way afraid to meet with the other party? With the mediator?

10. Do you have any fear about answering questions? If so, please state briefly why:

11. Briefly describe, in your own words, your goals for mediation.

12. Briefly describe, in your own words, the current issues between yourself and the other party, that brought you to mediation.
