

**THIRTEENTH JUDICIAL CIRCUIT
LASALLE COUNTY**

MEDIATION REFERRAL FORM

Judge Assigned: _____ Referred By: _____

File Number: _____ Date of Referral: _____

PETITIONER INFORMATION

Last Name _____

First Name _____ MI _____

Address _____

City, State, Zip Code: _____

Home Phone Number: () _____

Work or Cell Number: () _____

Attorney Name: _____

Attorney Phone Number: () _____

Attorney Email: _____

RESPONDENT INFORMATION

Last Name _____

First Name _____ MI _____

Address _____

City, State, Zip Code: _____

Home Phone Number: () _____

Work or Cell Number: () _____

Attorney Name: _____

Attorney Phone Number: () _____

Attorney Email: _____

CHILDREN'S INFORMATION:

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

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

_____ 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: _____

Pro bono yes _____

no _____