

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 Phone Number:

( ) \_\_\_\_\_

Attorney Phone Number:

( ) \_\_\_\_\_

RESPONDENT INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code:

\_\_\_\_\_  
Home Phone Number:

( ) \_\_\_\_\_

Work or Cell Phone Number:

( ) \_\_\_\_\_

Attorney Phone Number:

( ) \_\_\_\_\_

CHILDREN'S INFORMATION:

Child's Initials      Age      School (Grade)      Residing with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ No Orders of Protection or restraining orders are in effect.

\_\_\_ An Order of Protection is currently in effect, copy to be attached.

\_\_\_ Mediation is requested for the following    CUSTODY    VISITATION    REMOVAL

Name / Address/ Phone of Mediator

\_\_\_\_\_  
\_\_\_\_\_

Deadline for contacting mediator: \_\_\_\_\_

Deadline for completing mediation: \_\_\_\_\_

Pro bono                      yes \_\_\_\_\_

no \_\_\_\_\_