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Mediation Services

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# **Mediation Intake** **Packet**

*Please fill out this packet and submit it to the office prior to your appointment. Please mark any information that you would like to be kept completely confidential and not to be shared during mediation; as any non-marked item could be shared to the other party during the course of mediation.*

Date: \_\_\_\_\_

☐ Divorce      ☐ Separation      ☐ Modification      ☐ Parentage  
☐ Pre-nuptial      ☐ Children      ☐ Legal Separation      ☐ Other: \_\_\_\_\_

Is there a pending Court Case? ☐ No      ☐ Yes      County: \_\_\_\_\_

What are the next pending Court dates (time & date): \_\_\_\_\_

## **Your General Information**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone  
No.: (            )            -            \_\_\_\_\_

Work Phone No.: (            )            -            \_\_\_\_\_

Cell Phone No.: (            )            -            \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you an U.S. Citizen?      ☐ No      ☐ Yes

Member of the Armed Forces of the United States on *active duty*?      ☐ No      ☐ Yes

If Yes:

*Please "star" preferred mode of communication.*

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ MOS: \_\_\_\_\_

**Relationship Information**

Are you and the opposing party currently married? ☐ No ☐ Yes

If Yes:

Have you signed anything to affect this case i.e. prenuptial, postnuptial agreement or other documents presented to the opposing party? ☐ No ☐ Yes

Date of Marriage: \_\_\_\_\_ Marriage City, State and County: \_\_\_\_\_

If No:

Date of Dissolution: \_\_\_\_\_ Dissolution Case No: \_\_\_\_\_

Location of Dissolution (City, State, County): \_\_\_\_\_

Attorney/Firm that represented you: \_\_\_\_\_

Attorney/Firm that represented the opposing party: \_\_\_\_\_

Outcome of the Dissolution: \_\_\_\_\_

Do you and the opposing party have any children biologically or adopted? ☐ No ☐ Yes

If Yes:

Name of Child (First, Middle, Last)	Gender (M/F)	Date of Birth (xx/xx/xxxx)	Who has Primary Custody?	Since When?

List previous address/es where your child/ren has/have resided (up to last 5 years)

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

Have you been previously married?: ☐ No ☐ Yes

\_\_\_\_\_

If Yes, please list details of each: \_\_\_\_\_

Are there any child/ren born or adopted of just you? ☐ No ☐ Yes

If Yes:

Name of Child (First, Middle, Last)	Gender (M/F)	Date of Birth (xx/xx/xxxx)	Who has Primary Custody?	Since When?

Do you reside in the same house as the opposing party? ☐ No ☐ Yes

If No:

What date did you and the opposing party separated? \_\_\_\_\_

What reason did you and the opposing party separate? \_\_\_\_\_

Are you involved in another relationship? ☐ No ☐ Yes

If Yes:

Does the opposing party know of the relationship? ☐ No ☐ Yes

Name of the Person/s: \_\_\_\_\_

Nature of the relationship: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Are currently living together or having sleepovers? ☐ No ☐ Yes

Are there any existing Court or Administrative Orders with the opposing party, including DCFS or Child Protective Services? ☐ No ☐ Yes

If Yes:

State & County of Order: \_\_\_\_\_ Date last Order was Entered: \_\_\_\_\_

Who was the Petitioner? \_\_\_\_\_ Who was the Respondent? \_\_\_\_\_

Case Number: \_\_\_\_\_

Next Court Date: \_\_\_\_\_

### **Your Employment Information**

Are you employed?

☐

No

☐

Yes

If Yes:

Name of employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary or Hourly Rate: \_\_\_\_\_ Employed Since: \_\_\_\_\_

If No:

Name of last Employer: \_\_\_\_\_

Last Job Title: \_\_\_\_\_

Gross Annual Wages (as reported on last tax return): \_\_\_\_\_

Select the highest level of your education/training:

☐

Grade School

☐

High School

☐

GED

☐

Vocational

☐

College

☐

Post-Graduate

### **Opposing Party's Information**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: ( \_\_\_\_\_ ) - \_\_\_\_\_

Work Phone No.: ( \_\_\_\_\_ ) - \_\_\_\_\_

Cell Phone No.: ( \_\_\_\_\_ ) - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Prior Marriages (list dates and reason for divorce): \_\_\_\_\_

Are there any child/ren born or adopted of just the opposing party?

☐

No

☐

Yes

If Yes:

Name of Child	Date of Birth	Who has Primary Custody?	Since When?

Is the opposing party involved in another relationship? ☐ No ☐ Yes

If Yes:

Name of the Person/s: \_\_\_\_\_

Nature of the relationship: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Are they currently living together or having sleepovers? ☐ No ☐ Yes

### Mediation Information

Please attach the following documents if you have them:

☐ Proposed Parenting Plan
 ☐ Current Parenting Plan
 ☐ Petition/Response at Hand  
☐ Order of Protection Petition
 ☐ Order of Protection Order
 ☐ Summary from Attorney

What would be your ideal Parenting Time schedule? \_\_\_\_\_

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What would be your ideal Parental Decision-Making designation?

Education	<input type="checkbox"/> Joint	<input type="checkbox"/> You	<input type="checkbox"/> Opposing Party
Religion	<input type="checkbox"/> Joint	<input type="checkbox"/> You	<input type="checkbox"/> Opposing Party
Health Care	<input type="checkbox"/> Joint	<input type="checkbox"/> You	<input type="checkbox"/> Opposing Party
Extra Curriculars	<input type="checkbox"/> Joint	<input type="checkbox"/> You	<input type="checkbox"/> Opposing Party

Are there any safety concerns? If yes, than list and explain.

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Are any issues that you would not agree to or find are “hard nos”? If yes, than list and explain.

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Are there any issues that must be included in any agreement or are “hard yess”? If yes, than list and explain.

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Do you and the opposing party have an agreement? If yes, provide the details below or attach extra pages:

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