NINTH JUDICIAL CIRCUIT OF ILLINOIS

STATISTICAL INFORMATION SHEET

FOR COURT ORDERED MEDIATION PROGRAM

(Circuit Court Rule Part 6.40.H.2)

To each Mediator participating in the Ninth Judicial Circuit Mediation Program:

As required by Circuit Court Rule, please fill out this form upon the completion or termination of each mediation case that you conduct. This information is necessary to evaluate this mediation program. Your cooperation is greatly appreciated.

Please mail or fax this completed form to:
Office of the Chief Judge
130 South Lafayette, Suite 30
Macomb, Illinois 61455
Phone 309-837-9278 Fax 309-833-3547

1. **COUNTY FROM WHICH CASE WAS REFERRED:** Case No. _____
   ☐ Fulton ☐ Hancock ☐ Henderson ☐ Knox ☐ McDonough ☐ Warren
2. **Referral source:** ☐ Court Order ☐ Attorney ☐ Self-Referred ☐ Other
3. **Issue(s) mediated:**
   ☐ Initial Custody ☐ Modification of custody
   ☐ Visitation schedule ☐ Visitation abuse issues pursuant to 750 ILCS 5/607.1
   ☐ Removal from state ☐ Joint custody pursuant to 750 ILCS 5/602.1
   ☐ Other non-economic issues relating to the children (specify): _____
   _____
   ☐ Economic issues involving the parties (specify): _____
   _____
4. **Parties involved in mediation:** ☐ Father ☐ Mother
   ☐ Grandparents ☐ Other Relatives ☐ Other Adults
5. **Did children participate in mediation sessions?** ☐ Yes ☐ No
   How many sessions: _____ When (i.e. first session, last session): _____
6. **Did the mediation result in an agreement by both parties?**
   ☐ **YES**: ☐ Verbal ☐ Written ☐ Signed ☐ Unsigned
   ☐ **NO**: If no agreement was reached, was mediation terminated by:
   ☐ Mediator ☐ Wife ☐ Husband ☐ Both parties ☐ No Show
7. **Did mediation result in the case being:** ☐ Fully Settled ☐ Partially Settled ☐ Not Settled
8. **Which parties negotiated in good faith:** ☐ Both ☐ One ☐ None
9. **Total number of sessions in mediation:**_____
   Date of initial mediation session:_____ Date of final session:_____
10. **Total number of hours in mediation:** _____
    Date of initial mediation session: _____ Date of final session: _____
11. **Total cost of mediation:** $_____ ☐ Regular fee ☐ Reduced fee ☐ Pro bono
    Have you been paid in full as of date of this report? ☐ Yes ☐ No

Dated: _____ _____
Signature

Mediator Name: _____
Please print or type:

Address: _____

Phone: _____ Fax: _____