

INTRODUCTION TO MEDIATION

LAKE COUNTY FAMILY COURT SERVICES

This CONFIDENTIAL information is for the mediation office only and will not be given to the other parent.

The purpose of mediation is to develop a plan that ensures that children have a good relationship and lots of time with each parent.

Mediation Guidelines:

- Treat all people and topics with respect.
- Each person has a right to speak and be heard.
- Be as honest as you can.

Steps:

1. The mediator asks each person to talk about the situation and speak directly to the mediator at first.
2. The mediator invites the parents to talk directly with each other.
3. Parents are asked to listen carefully and be able to say back what they heard the other person say.
4. Parents offer ideas to build a plan that will work for the children and for each parent.
5. Parents choose the ideas they agree about.

Confidentiality: Everything discussed in mediation is confidential. This means:

- a. No information from mediation is given to the court.
- b. No recording of any kind is allowed.
- c. No other person may be present or able to overhear the conversation.
- d. No communication with the other party or anyone else while we are having the conversation.

Exceptions: The Mediator is required to report:

- a. To the other parent: Health risks associated with Covid-19.
- b. To agencies: Child abuse or threats of violence.

I understand and accept the guidelines. I also understand and agree to comply with the confidentiality requirement.

Print Name: _____

Signature _____ Date _____

PARENT INFORMATION INTAKE
LAKE COUNTY FAMILY COURT SERVICES

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TODAY'S DATE: _____ NEXT COURT DATE: _____ YOUR CASE # _____

YOUR NAME: _____

Petitioner Respondent

DATE OF BIRTH : _____ OTHER LAST NAMES USED: _____

PHONE #: _____ EMAIL ADDRESS: _____

ADDRESS: _____
Street City State Zip

EMPLOYER: _____ OCCUPATION: _____

WORK SCHEDULE: _____

NAMES OF OTHER ADULTS IN YOUR HOME: _____ RELATIONSHIP TO YOU: _____

1. _____

2. _____

3. _____

Have you been in mediation regarding care of your child(ren) before? Where (County)? _____

When? _____

Do you have an attorney? _____
Name Phone number

When did you last live with the other parent? _____

Who are the children (under 18) this mediation will be about?

First and last name	Age	Date of Birth	Sex	School	Time with each parent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SPECIAL NEEDS OF CHILDREN: medical/dental, educational, counseling:

When was the last time you saw your child(ren)? _____

Children of other relationships in your home for any length of time:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you plan to move in the next six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, when and where? _____ | | |
| 2. Do you have another case in Family Court Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name of the other parent /County: _____ | | |
| 3. Do you have any concerns about the emotional or physical safety of the children with the other parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever feared you would not have access to your children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any concerns regarding the use of alcohol and/or drugs by immediate family members? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have there ever been any physical confrontations between you and the other parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, give the date of most recent physical confrontation. Please describe the physical confrontation. | | |
|
 | | |
| 7. Were the children present or able to see or to hear it? | <input type="checkbox"/> | <input type="checkbox"/> |
| Give date of worst physical confrontation and describe it. | | |
|
 | | |
| 8. Were the children present or able to see or to hear it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have there ever been threats of the use of weapons against either of you parents or your children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe the incident including the names of the people involved. | | |
|
 | | |
| 10. Have you ever asked for a restraining order against the other parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, in what state and county? _____ | | |
| 11. Has the other parent ever been abusive to another family member? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has the other parent ever been abusive to a family pet or other animal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has there ever been a criminal domestic violence case against the other parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, in what state and county: _____ | | |
| 14. Do you have any concerns about your own physical safety? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you believe that you were considered an equal partner with the other parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has any adult ever used physical punishment on your child? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, who punished the child? _____ | | |
| When did this occur? Please describe the incident(s). | | |

Yes No

17. Has Child Welfare Services investigated abuse of any of your children?

For which children? Please describe.

18. Have you been arrested as an adult?

If yes, answer the following:

What State? _____ County? _____

What charges? _____

19. Are there criminal actions pending?

If yes, answer the following:

What State? _____ County? _____

What charges? _____

20. Do you have a current PROTECTIVE ORDER of any kind?

21. RIGHT TO SEPARATE SESSIONS: If a party alleges domestic violence in a written declaration under penalty of perjury, or a party protected by a protective order so requests, Family Court Services staff must meet with the parties separately at separate times.

DO YOU WISH TO BE SEEN SEPARATELY?

22. RIGHT TO A SUPPORT PERSON: If the court has issued a PROTECTIVE ORDER, a support person shall be permitted to accompany protected party during any mediation orientation or mediation session, including separate mediation sessions. It is the function of a support person to provide moral and emotional support. The support person is not present as a legal adviser and shall not give legal advice.

DO YOU WISH TO HAVE A SUPPORT PERSON ACCOMPANY YOU IN MEDIATION?

23. Please briefly describe any other safety-related issues affecting any child or adult involved in this case:

I declare that the information on this form is true and correct and that this declaration is executed on the date listed:

Signature _____ Date _____

Email this form to: Lakefamilycourtmediation@cicpartners.org