

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION**

IN RE: Marriage Civil Union Legal Separation Allocation of Parental Responsibilities
Visitation (Non-Parent) Support Parentage of:

	Petitioner	Case No. _____
and		Calendar _____
	Respondent	Prejudgment Post Judgment

CIRCUIT COURT RULE 13.4(F) CONSOLIDATED REFERRAL ORDER

THIS MATTER having been represented as involving allocation of parental responsibilities and/or visitation (non-parent) of the child(ren) of the parties, or dissolution of marriage or civil union,

IT IS HEREBY ORDERED that the matter is referred as follows:

A. Type of Referral and Agency

Hearing Officer. The parties and their attorneys (if applicable) are to meet with a Hearing Officer immediately or schedule an appointment with a Hearing Officer to address:

- | | |
|--------------------------------|--------------------------|
| Order of Support | Drafting Agreed Judgment |
| Drafting Agreed Parenting Plan | Other _____ |
| Contested Financial Issue | _____ |
| Drafting of Order or Agreement | _____ |

Parent Education. The Petitioner and/or Respondent is (are) ordered to complete a parent education course pursuant to Illinois Supreme Court Rule 924:

In person at a **Family Mediation Services - Focus on Children** course, located at G. W. Dunne Bldg, 69 W Washington, Ste 1000, Chicago, IL 60602; Telephone: (312) 603-1540

Email: DRD.Family@cookcountyil.gov.

Please be advised that courses at this location are offered in English and Spanish and interpreter services can be arranged for parents speaking other languages.

In person at a **Family Mediation Services - Focus on Children** course, in Suburban Municipal

District _____ located at _____.

Online via **Children in Between** located at online.divorce-education.com.

The fee assessed for course participation is to be \$50.00 for the Petitioner Respondent

Set at \$ _____ for the Petitioner Respondent
or waived for the Petitioner Respondent.

Family Mediation Services - Children and Teens Speak. The Petitioner, Respondent, or _____ will register the child(ren),

namely _____, for Children and Teens Speak via Family Mediation Services within seven (7) days of the entry of this order and bring them to their scheduled class located at G. W. Dunne Bldg, 69 W Washington, Ste 1000, Chicago, IL 60602; Telephone: (312) 603-1540, E-Mail: DRD.Family@cookcountyil.gov.

Family Mediation Services (FMS). The parties and their attorneys (if applicable) shall participate in Conciliation Mediation Reconciliation Emergency Intervention to address the following issues:

_____ with FMS located at G. W. Dunne Bldg, 69 W Washington, Ste 1000, Chicago, IL 60602; Telephone: (312) 603-1540, E-Mail: DRD.Family@cookcountyil.gov or

Suburban Municipal District _____ located at _____.

The Petitioner Respondent, or Attorney for _____ shall E-Mail this order to DRD.Family@cookcountyil.gov. Focus on Children must be completed prior to attending mediation. If the parties are ordered to participate in Emergency Intervention, they or their attorneys must contact FMS immediately.

Family Mediation Services - Forensic Clinical Services Department (FCSD). The parties must participate in and cooperate with an evaluation to address the following issues:

_____ via the FCSD located at G. W. Dunne Bldg, 69 W Washington, Ste 1000, Chicago, IL 60602; Telephone: (312) 603-1540, E-Mail: DRD.Family@cookcountyil.gov.

Family Mediation Services - Family Supportive Services (FSS). The parties shall participate in a home-based social investigation; submit to LEADS background checks (criminal history for all household members ages 18 and above); submit to CANTS background checks (abuse and neglect history for all household members ages 13 and above); and cooperate in obtaining reports concerning the health and education of the child(ren) involved in this case.

The FSS shall provide a recommendation concerning Parenting Time; Parenting Responsibility; Relocation of the Child(ren); and/or

Other: _____.

The Petitioner; E-Mail: DRD.Family@cookcountyil.gov; or

Attorney for _____ shall deliver this order via E-Mail: DRD.Family@cookcountyil.gov

Private Evaluation. The parties must participate in and cooperate with an evaluation conducted pursuant to _____ ILCS _____ to address the following issues:

_____ via

Name: _____

Address: _____

Telephone and Contact: _____

Costs shall be paid by: _____

B. Special Considerations.

Pending DCFS Investigation Shelter Care Other Pending Proceedings Order of Protection

Interpreter required for Petitioner Respondent child(ren) language _____ .

C. Unless otherwise provided by court order, all Forensic Clinical Services Department (FCSD) evaluations, Family Supportive Services (FSS) reports, and reports or evaluations for Private Resources shall be in writing and sent to the Court and all attorneys of record ten (10) days prior to the date set forth in paragraph D below.

D. This matter is set for status on _____ at _____ AM PM in courtroom _____ located at _____. The Parties and their attorneys shall appear.

E. Unless otherwise stated in Section A above, for all referrals, the Petitioner Respondent or Attorney for _____ shall contact the referred agency within ten (10) days of the entry of this order and transmit all appropriate pleadings with this order within ten (10) days of the entry of this order. All parties shall promptly and fully comply with the requirements of any referred agency.

F. Party, Children, and Attorney Contact Information

Table with 3 columns: Name, Address, Date of Birth, Phone Number, Email Address. Sub-columns: Petitioner, Petitioner's Attorney. Includes 'No response required.' for Date of Birth in Attorney column.

	Respondent	Respondent's Attorney
Name		
Address		
Date of Birth		No response required.
Phone Number		
Email Address		

Child(ren)		Attorney	
Name		Role	Child's Representative Attorney for the Child Guardian ad Litem
Date of Birth			
Living with			
		Name	
Name		Address	
Date of Birth			
Living with			
Name		Phone number	
Date of Birth			
Living with		Email address	

Atty. No.: _____

Name: _____

Atty. for: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Primary Email: _____

ENTERED:

Dated: _____

Judge

Judge's No.