

**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:

	Case No. _____
and	Calendar _____
Petitioner	Prejudgment
Respondent	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 proceed to CL24 and to either meet with a Hearing Officer immediately or to schedule an appointment with a Hearing Officer to address:

- | | |
|---------------------------------------|--------------------------|
| Allocation of Parental Responsibility | Drafting Agreed Judgment |
| Order of Support | Other _____ |
| Parenting Plan | _____ |
| 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 **Focus on Children** course, located at G. W. Dunne Bldg, 69 W Washington, Ste 1000, Chicago, IL 60602; Telephone: (312) 603-1550 FAX: (312) 603-1588. 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 **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.

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) 603-1550.

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 FAX: (312) 603-9842 or

Suburban Municipal District _____ located at _____.

The Petitioner Respondent, or Attorney for _____ shall deliver this order to room 1901A. 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.

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 FAX: (312) 603-9842 (FCSD contact: Administrator - Domestic Relations).

Cook County Department of Adoption and Family Supportive Services (DAFSS). The parties must participate in and cooperate with a general study specific study to address:

via the DAFSS located at 118 N Clark St, Rm 806, Chicago, IL 60602; Telephone: (312) 603-0550; Fax: (312) 603-9909 (DAFSS contact: Social Services Coordinator).
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, Cook County Department of Adoption and Family Supportive Services 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

	Petitioner	Petitioner’s Attorney
Name		
Address		
Date of Birth		No response required.
Phone Number		
Email Address		

	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		Email address	
Living with			

Atty. No.: _____

ENTERED:

Name: _____

Dated: _____

Atty. for: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Primary Email: _____

Judge Judge's No.