

**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

and

\_\_\_\_\_  
Respondent

No.: \_\_\_\_\_

Calendar: \_\_\_\_\_

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,

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

**A. TYPE OF REFERRAL AND AGENCY**

**FOCUS ON CHILDREN** parent education program (FOCUS); G. W. Dunne Building, 69 W. Washington, Suite 1000, Chicago, IL 60602; Telephone: (312) 603-1550 FAX: (312) 603-1588 or

Suburban Municipal District \_\_\_\_\_ located at \_\_\_\_\_

For  Petitioner  Respondent  Focus Class in Spanish  
7288 7289

Focus on Children fee assessed for attendance to be collected by the Clerk of the Circuit Court of Cook County is:

\$50.00  \$ Set at \_\_\_\_\_  Waived To be paid by  Petitioner  
4389 - Reduced 4388  Respondent

Family Mediation Services; G. W. Dunne Building, 69 W. Washington, Suite 1000, Chicago, IL 60602;

4578 Telephone: (312) 603-1540 FAX: (312) 603-9842 or

Suburban Municipal District \_\_\_\_\_ located at \_\_\_\_\_

For  Mediation  Conciliation  Reconciliation  Emergency Intervention

Nature of Emergency: \_\_\_\_\_

ISSUES: \_\_\_\_\_

Please check if applicable:  **FOCUS ON CHILDREN IS A PRECONDITION TO MEDIATION.**

The parties and their attorneys are ordered to contact Family Mediation Services immediately when Emergency Intervention has been ordered.

Cook County Department of Adoption and Family Supportive Services; 118 N. Clark Street, Room 806, Chicago, IL 60602; Telephone: (312) 603-0550; Fax: (312) 603-9909 (contact Social Services Coordinator)

4572 For  General Study  Specific Study  Other

ISSUES: \_\_\_\_\_

Forensic Clinical Services Department (FCSD); G. W. Dunne Building, 69 W. Washington, Suite 1000, Chicago, IL 60602; Telephone: (312) 603-1584 FAX: (312) 603-9842 (contact Administrator-Domestic Relations Program)  
ISSUES: \_\_\_\_\_

Private resources for  604(b) Evaluation  604.5 Evaluation  Other Evaluation  
4621 4622 4623  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone and Contact: \_\_\_\_\_  
Costs shall be paid by: \_\_\_\_\_  
ISSUE(S): \_\_\_\_\_

**CHILDREN AND TEENS SPEAK PILOT PROGRAM:** Please register at Family Mediation Services no later than seven (7) days after entry of this order; G. W. Dunne Building, 69 W. Washington, Suite 1000, Chicago, IL 60602; Telephone: (312) 603-1550 FAX: (312) 603-1588.  
The following party is responsible for bringing the child to attend the class on the date scheduled with Family Mediation Services:  
 Mother  Father  Other: \_\_\_\_\_

**B. SPECIAL CONSIDERATIONS**

Pending DCFS Investigation  Order of Protection  Shelter Care  Other Pending Proceedings

**C. Identification of Parties, Children, Attorneys**

Child(ren)'s Full Name(s)	Age	Date of Birth	Residential Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Petitioner**

Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_  
Work Telephone No.: \_\_\_\_\_

**Petitioner's Attorney**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Respondent**

Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_  
Work Telephone No.: \_\_\_\_\_

**Respondent's Attorney**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Other**

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

\*Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Attorney**

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

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

Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Child's Representative / Guardian Ad Litem Attorney for Child**

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

\*Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

4574

D. 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 E below.

4406

E. This matter is set for status on \_\_\_\_\_ at \_\_\_\_\_ m. in Room \_\_\_\_\_ at the courtroom located at \_\_\_\_\_ . The Parties and their attorneys shall appear.

4253

4215

F. For all referrals, except emergency intervention, the 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.

Atty. No.: \_\_\_\_\_

Atty. Name: \_\_\_\_\_

Atty. for: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Tertiary Email: \_\_\_\_\_

**ENTERED:**

Dated: \_\_\_\_\_

Judge

Judge's No.

\*If a party has not disclosed an address, that party shall designate an alternative address for the purpose of notice.