

4250 - Order Plaintiff, Defendant, or Witness to Appear - Allowed  
4251 - Execute or Perform - Allowed  
4253 - Produce Exhibits, or Other Records or Documents, or Person - Allowed  
4295 - Discovery Closed - Allowed  
Order Setting Matter for Mediation of Attorney's Fees (12/01/24) CCDR 0042 A

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

\_\_\_\_\_  
v.  
\_\_\_\_\_

Case No. \_\_\_\_\_

**ORDER SETTING MATTER FOR MEDIATION OF ATTORNEY'S FEES**

This matter coming before the Court upon the Petition for Attorney's fees filed by the attorney for (Petitioner) (Respondent), the parties appearing in open court and the Court being fully advised in the premises;

IT IS HEREBY ORDERED that this matter is referred to the Center for Conflict Resolution, 11 E Adams St, Ste 500, Chicago, IL 60603 for mediation of the Petition for Attorney's Fees.

The parties are ORDERED to fill out the attached Matrimonial Fee Dispute Mediation Referral Form. Upon completion, this Form shall be forwarded to the Center for Conflict Resolution by this Court which shall notify the parties of the mediation date. Failure to appear for the mediation may result in sanctions entered by this Court.

The attorney for (Petitioner) (Respondent) is hereby ORDERED to forward to the Center for Conflict Resolution a copy of the Petition for Attorney's Fees and any Responses and Replies filed thereto; written attorney client engagement agreement; and billing statements and explanation of time spent and professional services rendered (within 14 days of the entry of this Order).

Discovery shall be on an expedited basis. The parties shall complete all discovery within 30 days from the date of the entry of this Order. This matter is set for status on \_\_\_\_\_ without further notice.

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

ENTERED:

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Judge's No.

MATRIMONIAL FEE DISPUTE MEDIATION REFERRAL FORM

Date \_\_\_\_\_ Court Docket # \_\_\_\_\_

Referring Judge: \_\_\_\_\_ Courtroom \_\_\_\_\_ Status Date: \_\_\_\_\_

Initiating Attorney

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

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

Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

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

Respondent (Former Client)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Respondent's Current Attorney

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

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

Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

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

Please send Court Order and completed referral form to [newcase@ccrchicago.org](mailto:newcase@ccrchicago.org) or by fax to 312-922-6463