

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

**GENERAL ORDER: 00 - D - 15**

**SUBJECT: FORM FOR CONSOLIDATED REFERRAL ORDER (REVISED)**

**IT IS HEREBY ORDERED THAT:**

**Effective May 18, 2000, this form for Consolidated Referral Order shall replace the form authorized in General Order 94 - D - 7 and General Order 91 - D - 15, for use in the Domestic Relations Division and shall be furnished by the Clerk of the Circuit Court to the Bar and the general public in limited amounts. Any word-processor form consistent with and in the form of this Consolidated Referral Order is acceptable.**

7288, 7289-Order Referred to FOCUS; 4578-Order Referred to MFCS;  
4572-Order Referred to DDS; 4616-Order Referred to FCSD; 4574-Order Referred for Report to Court

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

IN RE THE  MARRIAGE  CUSTODY  
 VISITATION  PARENTAGE OF

NO.

CALENDAR

\_\_\_\_\_  
PETITIONER

PREJUDGMENT

AND

POST JUDGMENT

\_\_\_\_\_  
RESPONDENT

CIRCUIT COURT RULE 13.4(F) CONSOLIDATED REFERRAL ORDER; CONTESTED CUSTODY/VISITATION  
EDUCATIONAL PROGRAM, ILLINOIS MARRIAGE AND DISSOLUTION OF MARRIAGE ACT

THIS MATTER having been represented as involving custody and/or visitation 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)  
Cook County Administration Building  
69 W. Washington, Suite 1000, 10th Floor, Chicago, IL 60602 Tel: (312) 603-1550 FAX: (312) 603-9842 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:

\$25.00  \$ Set at \_\_\_\_\_  Waived To be paid by  Petitioner  
 Respondent

Marriage and Family Counseling Services (MFCS)  
4578 Cook County Administration Building  
69 W. Washington, Suite 1000, 10th Floor Chicago, IL 60602 Tel: (312) 603-1540 FAX: (312) 603-9842 or  
Suburban Municipal District \_\_\_\_\_ Located at \_\_\_\_\_  
For  Mediation  Conciliation  Reconciliation  Emergency Intervention  
Nature of emergency: \_\_\_\_\_  
Issue(s): \_\_\_\_\_

Please check if applicable:  FOCUS ON CHILDREN IS A PRECONDITION TO MEDIATION.  
The parties and their attorneys are ordered to contact MFCS immediately when Emergency Intervention  
has been ordered.

4572 Department of Supportive Services (DSS)  
 Cook County Administration Building  
 69 W. Washington, Suite 1630, 16th Floor, Chicago, IL 60602 Tel: (312) 603-0550  
 (Contact Social Service Coordinator)  
 For  General Study  Specific Study  Other \_\_\_\_\_  
 Issue(s) \_\_\_\_\_

4616 Forensic Clinical Services Department (FCSD)  
 2650 S. California Ave., 10th Floor, Chicago, IL 60608 Tel: (773) 869-6100 FAX: (773) 869-2371  
 (Contact Administrator - Domestic Relations Program)  
 Issue(s) \_\_\_\_\_

4574 Private Resources for  Mediation  Evaluation  Other \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone and contact: \_\_\_\_\_  
 Costs shall be paid by: \_\_\_\_\_  
 Issue(s): \_\_\_\_\_

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Father**  
 Name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Tel. No.(H): \_\_\_\_\_  
 (W): \_\_\_\_\_

**Attorney**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 FAX: \_\_\_\_\_

**Mother**  
 Name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Tel. No.(H): \_\_\_\_\_  
 (W): \_\_\_\_\_

**Attorney**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 FAX: \_\_\_\_\_

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

Other: \_\_\_\_\_

Attorney

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

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

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

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

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

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

(W): \_\_\_\_\_

FAX: \_\_\_\_\_

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

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

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

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

FAX: \_\_\_\_\_

- D. Unless otherwise provided by court order, all Forensic Clinical Services Department (FCSD) evaluations, Department of Supportive Services (DSS), reports, and reports or evaluations for Private Resources shall be in writing and sent to the Court and all attorneys of record 10 days prior to the date set forth in paragraph E below.
- E. This matter is set for status on \_\_\_\_\_ at \_\_\_\_\_m in Room \_\_\_\_\_ at the courthouse located at \_\_\_\_\_. The parties and their attorneys shall appear.
- F. For all referrals, except emergency intervention, the attorney for \_\_\_\_\_ shall contact the referred agency within 10 days of the entry of this order and transmit all appropriate pleadings with this order within 10 days of the entry of this order. All parties shall promptly and fully comply with the requirements of any referred agency.

Date: \_\_\_\_\_

Enter:

\_\_\_\_\_  
Judge

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

Name:

Attorney for:

Address:

City, State, Zip:

Telephone:

FAX:

Attorney Code No.:

**Dated this 18<sup>th</sup> day of May, 2000. Effective May 18, 2000. This Order supersedes General Order 94 - D - 7 and General Order 91 - D - 15. This Order shall be spread upon the records of this Court and published.**

**ENTERED:**

~~\_\_\_\_\_~~  
**TIMOTHY C. EVANS**  
**PRESIDING JUDGE**  
**DOMESTIC RELATIONS DIVISION**