

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

IN RE THE ☐ MARRIAGE ☐ PARENTAGE)
☐ SUPPORT ☐ ALLOCATION OF PARENTAL)
☐ CIVIL UNION RESPONSIBILITIES)

Petitioner

vs.

Respondent

Case No. _____

EXPERT REFERRAL ORDER

On **motion** of: ☐ Petitioner ☐ Respondent ☐ Attorney for Minor Child ☐ Child Rep ☐ GAL ☐ Court

The following parties are present: ☐ Petitioner ☐ and counsel ☐ Attorney for Minor Child ☐ Child Rep ☐ GAL
☐ Respondent ☐ and counsel

It is hereby ordered that this matter is referred to:

Professional/Evaluator/Investigator:

Name _____

Address _____

Telephone: _____ Email: _____ Fax: _____

THE PARTIES ARE ORDERED TO CONTACT THE APPOINTEE WITHIN TWO (2) BUSINESS DAYS TO SCHEDULE THE FIRST APPOINTMENT.

Pursuant to:

- ☐ **750 ILCS 5/604.10(b)**, to provide the court with professional advice on issues relating to the best interests and wishes of the child(ren).
- ☐ **750 ILCS 5/604.10(c)**, for an evaluation concerning the best interests of the child(ren) as it relates to allocation of parental responsibilities. The time and place of the evaluation shall be pursuant to court order if agreement by the parties cannot be reached.
- ☐ **750 ILCS 5/604.10(d)**, to conduct an investigation concerning the allocation of parental responsibilities.
- ☐ **750 ILCS 5/503 (I)**, to provide the court with professional advice relating to the parties' income or property.

The provider may communicate freely with the child representative, attorney and/or the guardian ad litem for the child(ren). Except to discuss the scheduling matters, the provider may not communicate with an attorney for a party on an ex parte basis. Communications with attorneys on substantive matters must be by conference call or in writing with a copy to each attorney.

Party A Name: _____ Telephone: _____

Address: _____ Email: _____

Attorney for Party: _____ Telephone: _____

Address: _____ Email: _____

Party B Name: _____ Telephone: _____

Address: _____ Email: _____

Attorney for Party: _____ Telephone: _____

Address: _____ Email: _____

GAL/AFC/CR Name: _____ **Telephone:** _____
Address: _____ **Email:** _____

Fee Allocation: The fees of the appointee shall be paid as follows:

Party A _____% Party B _____% without prejudice subject to reallocation.

- ☐ The retainer is set at \$ _____; to be paid within 14 days as allocated immediately above.
☐ Status on completion of first appointments and Expert's fee estimate: _____ at 9:00 a.m.in C - _____.

Orders of Protection: The parties represent:

- ☐ No orders of protection have ever been entered involving the parties to this case, or
☐ The parties are, or have been in the past, involved in a proceeding(s) under the Illinois Domestic Violence Act.
☐ A current order of protection prohibits one of the parties from having contact with the other party.

Previous or current Orders of Protection involving either party:

OP Case No. _____ County: _____

OP Case No: _____ County: _____

Scope of appointment:

- ☐ Decision Making Responsibilities ☐ Parenting time ☐ Abuse of Parenting time
☐ Relocation ☐ Visitation by certain non-parent(s)
☐ Financial _____

Psychological testing:

- ☐ Either party or the child(ren) may be required to submit to psychological testing and may be referred to other professionals for evaluation at the discretion of the evaluator.
☐ The following individuals shall be required to submit to psychological testing(specify why or what concern is to be addressed): _____.

Special Issues to be investigated and/or assessed based on allegations of:

- ☐ Drug and/alcohol abuse ☐ Sexual abuse of a child ☐ Interpersonal violence
☐ Restriction of parental responsibilities pursuant to §603.10(a). ☐ Other:

Brief Focused Evaluation-The evaluator is to answer the following questions and to explain the rationale for the conclusions/recommendations in their report:

1. _____

2. _____

The matter is set for presentation of final report on _____ **at** _____ **M.**

Dated at Waukegan, Illinois this

Enter:

_____ day of _____, 20____

JUDGE

Prepared by:

Name: _____ Pro Se ☐

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____