

**THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
 MACON COUNTY, ILLINOIS
 FORECLOSURE MEDIATION PROGRAM
 MEDIATION CONFERENCE REPORT**

Plaintiff(s): _____ Defendant(s): _____

Case Number: _____ Mediator: _____

Parties Present: Plaintiff: Not Present Loan Servicer Servicer's Counsel
 Loan Holder Holder's Counsel
 Other: _____ By Agreement

 Defendant: Not Present In Person Borrower's Counsel
 Other: _____ By Agreement

Additional mediation is scheduled for:

_____, _____ at _____ a.m. / p.m.
 (Month) (Day) (Year) (Time)

at the Room 719, Macon County Building, 141 S. Main Street, Decatur, IL 62523.

(Note: Use "Final Mediation Report" form if further mediation is not scheduled.)

Document Exchange(s) (Complete if applicable)

1. _____ will submit selected documents (*see Page 2*) to _____

on or before _____, _____ at _____ a.m. / p.m.
 (Month) (Day) (Year) (Time)

via: _____
 (Describe the method of transmitting documents and include relevant fax numbers / email address / etc.)

2. _____ will submit selected documents (*see Page 2*) to _____

on or before _____, _____ at _____ a.m. / p.m.
 (Month) (Day) (Year) (Time)

via: _____
 (Describe the method of transmitting documents and include relevant fax numbers / email address / etc.)

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Document Exchange #1: Describe Documents and Method of Review *(Complete if applicable)*

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Request for Modification and Affidavit | <input type="checkbox"/> Frank-Dodd Certification Form |
| <input type="checkbox"/> 4506t | <input type="checkbox"/> Hardship Letter |
| <input type="checkbox"/> Pay stubs from: _____ to _____ | <input type="checkbox"/> Bank statements for: _____ to _____ |
| <input type="checkbox"/> Utility bills from: _____ to _____ | <input type="checkbox"/> Tax returns for year(s): _____ |
| <input type="checkbox"/> Documents related to other sources of income: _____ | |
| <input type="checkbox"/> Profit and Loss Statement: _____ | |
| <input type="checkbox"/> Other: _____ | |

_____ will review the above documents by (date): ____ / ____ / ____ .

_____ will notify _____ of the decision regarding

HAMP Traditional/In-House Other: _____

by (date): ____ / ____ / ____ .

Document Exchange #2: Describe Documents and Method of Review *(Complete if applicable)*

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Request for Modification and Affidavit | <input type="checkbox"/> Frank-Dodd Certification Form |
| <input type="checkbox"/> 4506t | <input type="checkbox"/> Hardship Letter |
| <input type="checkbox"/> Pay stubs from: _____ to _____ | <input type="checkbox"/> Bank statements for: _____ to _____ |
| <input type="checkbox"/> Utility bills from: _____ to _____ | <input type="checkbox"/> Tax returns for year(s): _____ |
| <input type="checkbox"/> Documents related to other sources of income: _____ | |
| <input type="checkbox"/> Profit and Loss Statement: _____ | |
| <input type="checkbox"/> Other: _____ | |

_____ will review the above documents by (date): ____ / ____ / ____ .

_____ will notify _____ of the decision regarding

HAMP Traditional/In-House Other: _____

by (date): ____ / ____ / ____ .

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Additional Comments Regarding Next Steps in Mediation:

IN WITNESS THEREOF, each of the participants in this mediation session agrees with the foregoing:

Signed by: _____
(Defendant)

Date: _____, _____
(Month) (Day) (Year)

Signed by: _____
(Defendant)

Date: _____, _____
(Month) (Day) (Year)

Signed by: _____
(Defendant's Counsel)

Date: _____, _____
(Month) (Day) (Year)

Signed by: _____
(Plaintiff)

Date: _____, _____
(Month) (Day) (Year)

Signed by: _____
(Plaintiff's Counsel)

Date: _____, _____
(Month) (Day) (Year)

Signed by: _____

Date: _____, _____
(Month) (Day) (Year)

Signed by: _____

Date: _____, _____
(Month) (Day) (Year)