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

intiff(s):			Defendant(s):	
se Number:			Mediator:	
ties Present:	Plaintiff:		☐ Loan Servicer☐ Holder's Counsel	<ul><li>□ Servicer's Counsel</li><li>□ By Agreement</li></ul>
	Defendant:		☐ In Person	
		Additional mediation	on is scheduled for:	
	(Month)	(Day) ,(Year)	at	ı. / □ p.m.
	D 710 M			
at ti	ne Koom /19, Ma	acon County Building	, 141 S. Main Street, Dec	atur, 1L 62323.
	,	on county zumumg	,	,
		, ,	rm if further mediation is	
	ote: Use "Final l	Mediation Report" for		
(N	ote: Use "Final I	Mediation Report" for	rm if further mediation is	<u>not</u> scheduled.)
1	ote: Use "Final l Doo	Mediation Report" for cument Exchange(s) vill submit selected do	rm if further mediation is  (Complete if applicable)	<u>not</u> scheduled.)
1 on or via:	Doc We before (Monti	cument Exchange(s) vill submit selected do	(Complete if applicable) ocuments (see Page 2) to at [Year]	<u>not</u> scheduled.)
1 on or via:	Doc We before (Monti	cument Exchange(s) vill submit selected do	(Complete if applicable) ocuments (see Page 2) to	<u>not</u> scheduled.)
1 on or via:	Doc We before (Montion in the method of transfer in the method o	Mediation Report" for cument Exchange(s) vill submit selected do h) (Day)	(Complete if applicable) ocuments (see Page 2) to at [Year]	<u>not</u> scheduled.)
1 on or via:(Description 2	Doc  before (Monti	cument Exchange(s)  vill submit selected do  h) (Day)  ansmitting documents and vill submit selected do	(Complete if applicable) cuments (see Page 2) to (Year)  I include relevant fax numbers	not scheduled.)  □ a.m. / □ p.m.  / email address / etc.)
1 on or via:	Doc  We before We before We before We before We before We before Monti	cument Exchange(s)  vill submit selected do  (Day)  ansmitting documents and vill submit selected do  (Day)	(Complete if applicable) ocuments (see Page 2) to  at [Time)  I include relevant fax numbers ocuments (see Page 2) to	

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☐ Request for Modificat	tion and Affidavit	☐ Frank-Dodd Certification Form
□ 4506t		☐ Hardship Letter
Pay stubs from:	to	☐ Bank statements for: to
☐ Utility bills from:	to	☐ Tax returns for year(s):e:
	will review the a	above documents by (date): / /
	vvill motify	of the desision recording
Ш	will flothly	of the decision regarding
□ НАМР □ Т	Traditional/In-House [	☐ Other:
by (date): /	′ /	
by (date):/	· /	
• • •		ts and Method of Review (Complete if applicable
• • •		ts and Method of Review (Complete if applicable
• ` ` `	2: Describe Documen	
Document Exchange #  ☐ Request for Modificat ☐ 4506t	tion and Affidavit	<ul><li>☐ Frank-Dodd Certification Form</li><li>☐ Hardship Letter</li></ul>
Document Exchange #  ☐ Request for Modificat ☐ 4506t ☐ Pay stubs from:	tion and Affidavit	<ul> <li>□ Frank-Dodd Certification Form</li> <li>□ Hardship Letter</li> <li>□ Bank statements for: to</li> </ul>
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from:	tion and Affidavit to to	<ul> <li>□ Frank-Dodd Certification Form</li> <li>□ Hardship Letter</li> <li>□ Bank statements for: to</li> <li>□ Tax returns for year(s):</li> </ul>
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from: □ Documents related to	tion and Affidavit  to to  to to  other sources of income	☐ Frank-Dodd Certification Form ☐ Hardship Letter ☐ Bank statements for: to ☐ Tax returns for year(s):
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from: □ Documents related to □ Profit and Loss Stater	tion and Affidavit  to to other sources of incomment:	☐ Frank-Dodd Certification Form ☐ Hardship Letter ☐ Bank statements for: to ☐ Tax returns for year(s):
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from: □ Documents related to □ Profit and Loss States □ Other:	tion and Affidavit  to to to other sources of incomment:	☐ Frank-Dodd Certification Form ☐ Hardship Letter ☐ Bank statements for: to ☐ Tax returns for year(s):
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from: □ Documents related to □ Profit and Loss States □ Other:	tion and Affidavit  to to to other sources of incomment:	☐ Frank-Dodd Certification Form ☐ Hardship Letter ☐ Bank statements for: to ☐ Tax returns for year(s):
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from: □ Documents related to □ Profit and Loss Stater □ Other:	tion and Affidavit  to to to other sources of incomment:	☐ Frank-Dodd Certification Form ☐ Hardship Letter ☐ Bank statements for: to ☐ Tax returns for year(s):
Document Exchange #  □ Request for Modificat □ 4506t □ Pay stubs from: □ Utility bills from: □ Documents related to □ Profit and Loss Stater □ Other:	tion and Affidavit  to to other sources of incomment:  will review the a	☐ Frank-Dodd Certification Form ☐ Hardship Letter ☐ Bank statements for: to ☐ Tax returns for year(s): e:

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Taditional Comments	Regarding Next St	teps in Media	ation:	
WITNESS THEREOF, each of the participa	nts in this mediation	n session agre	ees with the	foregoing:
		_		
ed by:(Defendant)	Date: _	(Month)	(Day)	,(Year)
ed by:(Defendant)	Date: _		(Day)	,(Year)
ned by:(Defendant)  ned by:(Defendant)	Date: _ Date: _	(Month)	(Day)	(Year) (Year)
ned by:(Defendant)  ned by:(Defendant)	Date: _ Date: _	(Month)	(Day)	(Year) (Year)
ned by:  (Defendant)  ned by:  (Defendant)  (Defendant)  ned by:  (Defendant's Counsel)	Date: Date: Date: _	(Month)  (Month)	(Day) (Day)	(Year) (Year)
ned by:(Defendant)  ned by:(Defendant)  ned by:(Defendant)  ned by:(Defendant's Counsel)	Date: Date: Date: _	(Month)	(Day) (Day)	(Year) (Year)
ned by:  (Defendant)  ned by:  (Defendant)  ned by:  (Defendant)  ned by:  (Plaintiff)	Date: Date: Date: Date: _	(Month)  (Month)  (Month)	(Day) (Day) (Day)	
(Defendant)  ned by: (Defendant)  ned by: (Defendant)  ned by: (Defendant's Counsel)  ned by: (Plaintiff)	Date: Date: Date: Date: _	(Month)  (Month)	(Day) (Day) (Day)	
(Defendant)  ned by: (Defendant)  ned by: (Defendant)  (Defendant)  ned by: (Plaintiff)  ned by: (Plaintiff's Counsel)	Date: Date: Date: Date: Date: _	(Month)  (Month)  (Month)  (Month)	(Day) (Day) (Day) (Day)	
ned by:  (Defendant)  ned by:  (Defendant)  ned by:  (Defendant's Counsel)  ned by:  (Plaintiff)  ned by:  (Plaintiff's Counsel)	Date: Date: Date: Date: Date: _	(Month)  (Month)  (Month)	(Day) (Day) (Day) (Day)	
(Defendant)  ned by:  (Defendant's Counsel)  ned by:  (Plaintiff)  ned by:	Date: Date: Date: Date: Date: Date: _	(Month)  (Month)  (Month)  (Month)	(Day) (Day) (Day) (Day)	