

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

IN THE MATTER OF

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Gen. No. _____

MEDIATOR'S STATUS REPORT

Name of Mediator: _____

Referring Judge: _____

(Check Appropriate Boxes)

- 1. I am unable to accept the court's appointment to provide mediation services for the following reason(s):
 - Conflict of Interest Full Caseload
 - Parties failed to meet terms of engagement The parties have not completed the initial orientation process.
 - Other: _____

- 2. The following mediation sessions were conducted:

Date of Session	Duration of Session	Those in Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. Mediation was terminated without an agreement.
- 4. Additional mediation sessions are recommended.
- 5. A written agreement was reached by the parties on some or all of the issues and a copy of the signed agreement is attached to this report.
- 6. I charged \$_____ for the mediation services provided to the parties.
 - My fee has been paid in full.
 - _____ owes a balance of: \$_____ as of the date of _____.
 - and/or**
 - _____ owes a balance of: \$_____ as of the date of _____.
 - I request that the court order the parties to pay their outstanding balance, or set a hearing on the disputed amount.

Respectfully submitted,

Copies sent to the following: _____ _____ _____ _____

_____ Date: _____
 Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Email: _____

Copies must be sent to the attorney(s) of record and to any unrepresented parties.