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

IN THE MATTER OF)
)
_____) 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,

_____ Date: _____

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Copies sent to the following:

_____

_____

_____

_____

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