

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

IN THE MATTER OF

)
)
)
)
)
)
)
)
)

Case No. _____

MEDIATOR'S STATUS REPORT

Name of Mediator: _____

Referring Judge: _____ **Status Date:** _____

(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 on _____.
4. Additional mediation sessions are recommended OR mediation session scheduled on _____
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 and was provided to parties/counsel on _____
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: _____

Email: _____

Copies sent to the following: _____ _____ _____ _____

Copies must be sent to the attorney(s) of record/parties and filed through efiling. Copy to be provided to the Court.