

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

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_) Petitioner  
and \_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) Respondent )

Gen No. \_\_\_\_\_

**FAMILY MEDIATOR'S STATUS REPORT**

Name of Mediator: \_\_\_\_\_

Referring Judge: \_\_\_\_\_

**(Check Appropriate Boxes)**

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: \_\_\_\_\_

The following mediation sessions were conducted:

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

- Mediation was terminated without an agreement.
- Additional mediation sessions are recommended.
- An oral agreement was reached by the parties on  some or  all of the issues.
- 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.

I charged \$ \_\_\_\_\_ for the mediation services provided to the parties.

- My fee has been paid in full.
- Petitioner owes a balance of: \$ \_\_\_\_\_ as of the date of \_\_\_\_\_, 20\_\_.

**and/or**

- Respondent owes a balance of \$ \_\_\_\_\_ as of the date of \_\_\_\_\_, 20\_\_.
- 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: _____ _____ _____ _____
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\_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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