

**THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
MCLEAN COUNTY, ILLINOIS
FORECLOSURE MEDIATION PROGRAM
DEFENDANT'S INITIAL QUESTIONNAIRE FORM**

Case Number: _____

You have been named a party in a foreclosure case. This case may result in the loss of your home. Court-sponsored mediation may be available. Mediation is a free, confidential and voluntary process through which you and the lender that is seeking foreclosure of your home may discuss ways to resolve this case including reinstatement of the loan and re-negotiation of the loan terms.

Please complete this form, and the attached monthly expense affidavit, and bring it with you to the pre-mediation conference. The date, time and location of that meeting is on the **Summons** you received with the foreclosure complaint.

The information you provide will be used by mediation personnel to help you in assessing your options. **This information will not be shared with anyone unless you agree, and then only with a representative of your lender and/or mediator.**

Name: _____

Current address: _____

Telephone Number: _____

1. What is the total amount of your scheduled monthly payment to your lender?
\$ _____
2. If real estate taxes and insurance are not included in the payment, what is the amount of your real estate taxes? \$ _____ annually or monthly.
What is the amount of your property insurance?
\$ _____ annually or monthly.
3. How many payments have you missed? _____.
4. Please list your monthly expenses on page 3. Do not include monthly payments to your lender, real estate taxes or property insurance.
5. What is your monthly income? \$ _____
What is the source of your income? _____
6. Do you have any money in savings? Yes No. If yes, how much? _____
7. Do you own any other real estate? Yes. No.

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8. Do you currently live in the home that is the subject of the foreclosure case?
 Yes. No.
9. Check all circumstances that caused you to miss payments:
- Injury or illness
 - Adjustable interest rate/balloon payment
 - Loss of employment
 - Expenses exceeded income
 - Other: _____
10. If you selected injury or illness in #9, are you now well? Yes. No.
11. If you selected loss of employment in #9, have you found a new job?
 Yes. No.
12. Do you wish to keep the home that is the subject of this foreclosure case?
If not, would you consider the following:
- Deeding the property to the lender
 - Selling the property to a third party
 - Consenting to the foreclosure
13. Have you ever filed bankruptcy?
 Yes. Case Number: _____
 No.
14. Is there any other information that you believe would be helpful in determining whether your case would be suitable for mediation?

15. I consent to release of information to my lender's representative and mediator.
 Yes. No.

(Signature)

(Co-borrower signature)

**MONTHLY EXPENSES AFFIDAVIT
ATTACHMENT TO INITIAL QUESTIONNAIRE
MCLEAN COUNTY RESIDENTIAL FORECLOSURE MEDIATION PROGRAM**

1. State the total number of people living your household: _____

Excluding yourself, list the names of people living in your household:

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Monthly Housing Expenses

- A. Home equity loan \$ _____
- B. Condominium fees \$ _____
- C. Gas/Electric \$ _____
- D. Water \$ _____
- E. Sewer \$ _____
- F. Garbage collection \$ _____
- G. Telephone (land line) \$ _____
- H. Cell phone \$ _____
- I. Internet \$ _____
- J. Cable/Satellite television \$ _____
- K. Home repairs/maintenance \$ _____
- L. Groceries \$ _____
- M. Miscellaneous household \$ _____
- N. Lawn care/snow removal \$ _____
- O. Other \$ _____

TOTAL MONTHLY HOUSING EXPENSES \$ _____

3. Monthly Medical Expenses (not paid by insurance)

For you, spouse, child/children.

- A. Doctors \$ _____
- B. Dentist/Orthodontist \$ _____
- C. Prescriptions/medications \$ _____
- D. Other \$ _____

TOTAL MONTHLY MEDICAL EXPENSES \$ _____

4. Monthly car expenses (Total number of cars: _____)

- A. Total amount of car loan payments \$ _____
- B. Gasoline \$ _____
- C. Maintenance and repairs \$ _____
- D. Insurance \$ _____

TOTAL MONTHLY CAR EXPENSES \$ _____

5. TOTAL MONTHLY CHILD CARE EXPENSES \$ _____
6. Other monthly expenses
- A. Credit cards \$ _____
 - B. Consumer loans \$ _____
 - C. Student loans \$ _____
 - D. Court-ordered child support \$ _____
 - E. _____ \$ _____
 - F. _____ \$ _____
- TOTAL OTHER MONTHLY EXPENSES \$ _____

I, the undersigned, certify under penalty of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that I have read the foregoing Monthly Expenses Affidavit, that I know the contents thereof, and that the statements contained therein are true to the best of my knowledge, information and belief.

Dated this _____ day of _____, 20_____.

 (Signature)

 (printed name)

 (case number)