

**THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
MACON COUNTY, ILLINOIS
FORECLOSURE MEDIATION PROGRAM
PLAINTIFF'S CERTIFICATE OF READINESS**

Plaintiff(s): _____ Defendant(s): _____

Case Number: _____

Defendant's Pre-Mediation Packet Submitted On:

_____, _____
(Month) (Day) (Year)

Plaintiff's readiness to engage in mediation:

Defendant's questionnaire / pre-mediation packet complete; mediation set for:

_____, _____
(Month) (Day) (Year)

at the Room 719, Macon County Building, 141 S. Main Street, Decatur, IL 62523.

Respectfully Submitted: _____ Date: _____
(Plaintiff's Signature) (Month) (Day) (Year)