

IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
STATE OF ILLINOIS
COUNTY OF ___ WINNEBAGO ___ BOONE

FILE STAMP

]	
Plaintiff]	
]	
vs.]	No. _____
]	
Defendant.]	

ORDER DIRECTING CONCILIATION CONFERENCE

This cause coming on by stipulation of the parties, motion of the Plaintiff or Defendant, or the Court's own Motion for a Conciliation Conference, and the Court being fully advised in the premises and having jurisdiction of the subject matter, IT IS HEREBY ORDERED:

- 1. The parties shall participate in a conciliation conference pursuant to local court rules.
- 2. Conciliation Provider Information:
 Name: _____
 Address: _____
 Phone: _____
- 3. Each party shall individually call the above provider within two business days to schedule the required appointments.
- 4. The contact information for the parties:
 Plaintiff _____
 Defendant _____
 (name, address, telephone and email)
- 5. **FEES: Conciliation Conferences are not subject to fee waivers. The applicable hourly rate for services shall be set by the Conciliation Provider and paid in full by the parties as set forth below:**
 Plaintiff is responsible for _____ % of Conciliation Conference fees.
 Defendant is responsible for _____ % of Conciliation Conference fees.
- 6. This case is set for _____, on _____, 20__ at _____ am/pm.
- 7. Counsel or the Clerk shall provide a copy of the order to the Conciliation Provider.
- 8. The Conciliation Provider shall provide a copy of the Conciliation Conference Report to the Court two days before the above set court date pursuant to the procedure set forth in local court rules.

Date: _____

ENTER: _____
Judge

Approved: _____
Attorney for Plaintiff

Attorney for Defendant