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

FILE STAMP

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

ORDER APPOINTING MEDIATOR

This cause coming on by stipulation of the parties, motion of the Plaintiff or Defendant, or the Court's own Motion for Mediation, 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 mediation pursuant to local court rules.

2. The parties shall complete an Educational Program for Parents, as outlined in General Order 4.05, prior to mediation. (Currently, PACT is the sole approved program in the 17th Judicial Circuit; call 815-877-7228 for scheduling.)

3. Mediator Information: Name: _____

   Address: _____

   Phone: _____

4. Each party shall individually call the Mediator within two business days to schedule the required appointments.

5. The contact information for the parties:

   Plaintiff _____

   Defendant _____

   (name, address, telephone and email)

6. Plaintiff ☐ has a waiver of fees in the amount of _____%, or ☐ does not have a waiver of fees.

   Plaintiff is responsible for _____% of Mediator fees.

   Defendant ☐ has a waiver of fees in the amount of _____%, or ☐ does not have a waiver of fees.

   Defendant is responsible for _____% of Mediator fees.

   <u>FEES</u>: The division of fees is made pursuant to General Order 4.07(D). The percentages listed in Section 6 above, and the payment rate set below, may be overridden above based on the subsequent entry of a fee waiver for one or both parties.

   ☐ One or neither party has full or partial fee waivers. The applicable hourly rate shall be set by the Mediator.

   ☐ Both parties have either full or partial fee waivers. The hourly rate of the Mediator shall be set at $50.00 per hour.

   ☐ Other: _____

   _____

7. This case is set for _____, on _____, 20__ at _____ am/pm.

8. Counsel or the Clerk shall provide a copy of the order to the Mediator.

Date:_____ ENTER: _____
Judge

Approved: _____ _____
Attorney for Plaintiff Attorney for Defendant