IN THE CIRCUIT COURT
FOR THE TWENTIETH JUDICIAL CIRCUIT
ST. CLAIR COUNTY, ILLINOIS

_____	)	
	)	
Plaintiff,	)	
	)	
vs.	)	No. ___-CH-____
	)	
_____	)	
	)	
Defendant.	)	

FORECLOSURE PROGRAM INITIAL QUESTIONNAIRE

Please complete this form and bring it with you to the Initial Intake Conference. Notice of the date, time and location of that meeting was included with your summons. The information you provide will be used by the mediation administrator to make an initial determination if the case is suitable for mediation. **This information will not be shared with anyone else unless you agree, and then only with a representative of your lender.**

Borrower:
Name: _____
Address: _____
Phone: _____ Email: _____
Date of Birth: _____
Marital status: ___Married ___Separated ___Unmarried (single, divorced, widowed)
Number of People in Household: _____

Co-Borrower (if applicable):
Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Date of Birth: _____
Marital status: ___Married ___Separated ___Unmarried (single, divorced, widowed)

Borrower's Attorney or Housing Counselor (if applicable):
___ Attorney ___ Housing Counselor
Name: _____
Address: _____
Phone Number: _____
E-mail: _____

Mortgage Loan Information:

Current Servicer: _____
Loan Number: _____
Original Purchase Price: _____
Estimated Current Value of the Home: _____
Condition of the Property: ___Excellent ___Good ___ Fair ___Poor
Term of Mortgage: _____
Interest Rate: _____ Fixed or Adjustable? _____
Monthly Payment: _____ Number of missed payments: _____
Does the monthly payment include property taxes and insurance? ___ Yes ____ No
If not, what is the amount of your monthly taxes and insurance? _____
Are you current on taxes and insurance? _____
Are there any other mortgages or liens on this property (i.e. home equity loans, tax liens, child support liens, judgments from lawsuits)? ___ Yes ____ No
If yes, please list the type of loan, the lender, the amount of the loan, and whether it is past due: _____
_____

What caused you to miss payments (check all that apply):
___ Injury/Illness
___ Adjustable Interest Rate/Balloon Payment
___ Loss of Employment
___ My Expenses Exceed My Income
___ Other, please explain: _____
_____
_____
If you missed payments due to injury or illness, are you now well? ___Yes ___ No, please explain:
_____
_____
If you missed payments due to unemployment, do you have a job now? ___ Yes ___No

Household Assets:
Checking Accounts: _____
Savings: _____
Stocks/Bonds: _____
Other Cash on Hand: _____
Other Real Estate: _____

Monthly Household Income:
Monthly Gross Wages: _____
Social Security: _____
Child Support/Alimony: _____
Pensions/Annuities/Retirement Plans: _____
Tips/Commissions/Bonuses/Self employed Income: _____
Rents Received: _____
Unemployment Income: _____

Food Stamps/Welfare: _____
Other (investment income, royalties, interest, dividends, etc): _____
Total Monthly Income: _____

Monthly Household Expenses:
Monthly Mortgage Payment (including taxes and insurance): _____
Credit Card/Installment Loans (total minimum payment per month): _____
Alimony/Child Support: _____
Car Payments: _____
Car Insurance: _____
Car Gas and Maintenance: _____
Utilities: _____
Communications (telephone and internet): _____
Food: _____
Medical Expenses: _____
Student Loans: _____
Miscellaneous: _____
Cable: _____
Health Insurance: _____
Total Monthly Expenses: _____

Are you in the process of filing bankruptcy or are you thinking about bankruptcy? _____
_____
_____

Is there any other information that would be helpful in determining whether your case would be suitable for mediation? If so, please describe: _____
_____
_____

I affirm, under penalty of perjury, that the foregoing statements are a true, accurate, full and complete reporting of all my assets and liabilities. I consent to disclosure of this information to the plaintiff's representative.

_____ _____
Homeowner's Signature Date

_____ _____
Co-Owner's Signature (if applicable) Date