

NINTH JUDICIAL CIRCUIT OF ILLINOIS

**NOTIFICATION INFORMATION SHEET
FOR COURT ORDERED MEDIATION PROGRAM**

To each Mediator participating in the Ninth Judicial Circuit Mediation Program:

Please fill out this form upon your appointment as mediator. This information is necessary to avoid appointing the same mediators to multiple pro bono cases. Your cooperation is greatly appreciated.

Please mail or fax this completed form to:

Office of the Chief Judge
130 South Lafayette, Suite 30
Macomb, Illinois 61455
Phone 309-837-9278 Fax 309-833-3547

1. COUNTY FROM WHICH CASE WAS REFERRED:

Fulton Hancock Henderson Knox McDonough Warren

2. Case No. _____

3. Date Appointed by Court: _____

4. Cost of mediation will be: Regular fee Reduced fee Pro bono

Dated: _____

Mediator Name: _____

Address: _____

Phone: _____ Fax: _____