

FORECLOSURE MEDIATION CASE SUMMARY

CASE NO.: _____

CAPTION: _____

JUDGE: _____

DATE OF MEDIATION: _____

ADDRESS OF PROPERTY: _____

TOTAL BALANCE DUE: _____

DATE OF LAST PAYMENT: _____

AMOUNT OF ARREARAGE: _____

AMOUNT OF MONTHLY PAYMENT: _____

RATE OF INTEREST – FIXED OR VARIABLE?: _____

ADDITIONAL INFORMATION: _____

SETTLEMENT ATTEMPTS TO DATE: _____

NAME OF ATTORNEY: _____

ADDRESS, PHONE, FAX: _____

ATTORNEY FOR: _____

Expand form or include attachments as needed. **(BRIEF SUMMARIES ONLY – DO NOT SEND VOLUMINOUS RECORDS.)** Mail or hand deliver to Mediator’s Office, Summit County Common Pleas Court, 209 S. High Street, Akron, OH 44308, at least four (4) business days prior to the date of the mediation, copy to opposing counsel.