

**THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS
FORECLOSURE MEDIATION PROGRAM
PLAINTIFF'S QUESTIONNAIRE FORM**

Plaintiff's Name: _____ v. Defendant's Name: _____

Case Number: _____

A. Plaintiff Contact Information

Please list a contact person for this case. The Program Coordinator will contact this person to deal with scheduling and other issues. The contact person may be an attorney representing the plaintiff.

Name: _____

Address: _____

Telephone Number: _____

Email address: _____

B. Estimated Amount Owed on the Home Loan

Original Loan Amount: _____ Amount in Default: _____

Late Fees: _____ Other Advances: _____

Attorney Fees: _____ Court Cost/Fees: _____

Please attach a copy of the payment history and reinstatement letter. Please mark the documents as response to question B.

C. Loan Modification Eligibility

1. Who is the loan servicer? _____

2. Does the servicer participate in HAMP? Yes No

3. If yes, does a pooling and servicing agreement, investor guideline, or any other agreement, limit in any way any step in the HAMP modification process? Yes No

If yes, please provide the specific online address of the pooling and servicing agreement, investor guideline or other agreement; mark it as response to question 3. If not available online, please attach.

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4. Please indicate the owner and/or type of loan at issue:

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Fannie Mae | <input type="checkbox"/> FHA Loan | <input type="checkbox"/> Private Investor Owned |
| <input type="checkbox"/> Freddie Mac | <input type="checkbox"/> VA Loan | |
| <input type="checkbox"/> Ginnie Mae | <input type="checkbox"/> RHS Loan | |

5. Has the defendant previously obtained a permanent loan modification? If yes, please attach and mark as a response to question 5 if not already provided in the complaint.

6. Has the plaintiff or the loan servicer considered defendant(s) for a loan modification? If yes, please attach the decision concerning the modification considered; mark it as response to question 5.

7. Does the plaintiff or the loan servicer offer any private loan modification options? Yes No

If yes, please provide, if practicable, a description of the program(s) by attaching it to this questionnaire; mark it as response to question 7.

8. Is there any reason that the Home Affordable Foreclosure Alternative Program (HAFA) would not apply? Yes No

If yes, please describe any limitations _____

9. Does the plaintiff offer relinquishment options such as: Short Sale Deed in Lieu

A. Has the defendant been considered for these options? Yes No

If yes, please attach the decision concerning the loss mitigation option; mark it as a response to question 9A.

10. Does the plaintiff have a second lien on the home? Yes No

A. If yes, does plaintiff or the loan servicer participate in Second Lien Modification Program (2MP)? Yes No

B. If no, does plaintiff or the loan servicer have another program for addressing a second lien?
 Yes No

If yes, please attach a description the program. Mark it as a response to question 10B.

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D. NPV	
Advances/Escrow Past Due:	
Loan Product Description (ARM/Interest Only, Fixed One Step Variable, etc.):	
Current Fair Market Value of Property:	
Current Interest Payment:	
Current Interest Rate:	
Current Monthly Mortgage Payment:	
Current Principal Payment:	
Current Unpaid Balance (UPB):	
Future Interest and Advanced Escrow:	
Home Price Appreciation Forecast:	
Monthly Insurance Payment:	
Monthly Real Estate Taxes:	
Months Past Due:	
Next ARM Reset Date:	
Original Amortization Term:	
Original Interest Rate:	
Original Loan Amount:	
Past Due Interest:	
Principal and Interest Payment before Modification:	
Projected Foreclosure & REO Disposition Costs:	
Projected Home Price Appreciation:	
Projected Months to Foreclosure Sale:	
Projected Months to Re-default:	
Projected Months to REO Sale:	
Projected Re-default Rate after a Modification:	
Real Estate Owned (REO) Stigma Discount:	
Remaining Mortgage Term (in months):	

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E. Is there any other information that you believe would be helpful in reaching a solution?

If you need more space, please attach additional sheets that are labeled with a response to the appropriate letter and number.

F. Prepared By: _____

Title: _____

Telephone Number: _____

(Signature)

(Date)