

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

\_\_\_\_\_, ss

Location: \_\_\_\_\_

Docket No. \_\_\_\_\_

Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

**DEFENDANT'S  
FORECLOSURE MEDIATION  
INFORMATION**

v.

\_\_\_\_\_  
Defendant

**The defendant homeowner(s), (by and through undersigned counsel) submit(s) the following information:**

**A.** Name, current address, telephone number and other contact information for the homeowner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** Has the homeowner moved out of the property under foreclosure?  
 Yes  No  
If yes, when? \_\_\_\_\_

**C.** This homeowner's gross monthly income, from all sources, as a preliminary estimate for mediation purposes: \$\_\_\_\_\_

**D.** Homeowner's goal(s) for the property (if known):  Retain the home  
 Sell or deed over to bank.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name, title, and telephone number of person who prepared this form: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEFENDANT MUST FILE A COMPLETED COPY OF THIS FORM WITH THE COURT AND PROVIDE A COMPLETED COPY OF THIS FORM TO PLAINTIFF'S ATTORNEY ON THE DATE OF INFORMATIONAL SESSION AND MEDIATION.**