## IN THE CIRCUIT COURT OF THE 17<sup>TH</sup> JUDICIAL CIRCUIT

STATE OF ILLINOIS							
	COUNTY OF _	WINNEBAGO BO	OONE	FILE STAMP			
vs.	Plaintiff	] ] ] No	_				
	Defendant.	j					

## ORDER APPOINTING MEDIATOR

This cause coming on by stipulation of the parties, motion of the Plaintiff or Defendant, or the Court's own Motion for Mediation, and the Court being fully advised in the premises and having jurisdiction of the subject matter, IT IS HEREBY ORDERED:

1. The parties shall partic	pate in mediation pursuant to local court rules.	
	ete an Educational Program for Parents, as outlined in General Order 4.05, prior to mediation sole approved program in the 17 <sup>th</sup> Judicial Circuit; call 815-877-7228 for scheduling.)	n.
3. Mediator Information:	Name:	
	Address:	
	Phone:	
4. Each party shall individ	ally call the Mediator within two business days to schedule the required appointments.	
5. The contact information	for the parties:	
Plaintiff		
	me, address, telephone and email)	
(n	me, address, telephone and email)	
6. Plaintiff □ has a waive <b>Plaintiff is 1</b>	of fees in the amount of	
	ver of fees in the amount of%, or □ does not have a waiver of fees.  responsible for% of Mediator fees.	
	fees is made pursuant to General Order 4.07(D). The percentages listed in Section 6 abov set below, may be overridden above based on the subsequent entry of a fee waiver for or	
☐ One or neither party	has full or partial fee waivers. The applicable hourly rate shall be set by the Mediator.	
-	her full or partial fee waivers. The hourly rate of the Mediator shall be set at \$100.00 per hou	r.
☐ Other:		
7. This case is set for	, on, 20 at am/pm.	
8. Counsel or the Clerk sh	ll provide a copy of the order to the Mediator.	
Date:	ENTER:	
	Judge	
Approved:		

Attorney for Plaintiff

Appendix Y rev. 01/02/2024ka

Attorney for Defendant