

# ST. CROIX COUNTY HOMEOWNER MEDIATION REQUEST FORM

To request a mediation session with the lender,  
Please complete this form and mail or fax it to:

Attorney Philip Helgeson  
144 North Broad Street  
Prescott, WI 54021  
715-262-5551  
715-262-5531 (fax)

This information will be used by Attorney Philip Helgeson to make an initial  
determination as to whether this case is suitable for mediation.

**Name of Homeowner(s)/borrower(s):** \_\_\_\_\_

Address of Property: \_\_\_\_\_

Homeowner/Borrower Daytime Phone: \_\_\_\_\_

**Name of Lender/Plaintiff:** \_\_\_\_\_

Address of Lender: \_\_\_\_\_

**Name/Phone Number of Lender's Attorney:** \_\_\_\_\_

**Name of Lender Representative/Contact:** \_\_\_\_\_

Lenders Daytime Phone: \_\_\_\_\_

Your Foreclosure Case # (located on your Summons): \_\_\_\_\_

Your scheduled hearing date: \_\_\_\_\_

1. Is this property your primary residence? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you interested in trying to remain in the property? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. If you are not interested in remaining in the property, are

you interested in discussing other options with your lender? \_\_\_\_\_Yes \_\_\_\_\_No

4. What is your monthly income (from all sources): \_\_\_\_\_

\_\_\_\_\_

5. Please describe if you expect your income to change for any reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Check all the items that have caused you to miss your mortgage payments:

\_\_\_\_\_ Injury or Illness      \_\_\_\_\_ Adjustable Interest Rate/Balloon Payment

\_\_\_\_\_ Loss of employment      \_\_\_\_\_ My expenses exceed my income

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe if there is any other information that would be helpful in determining whether your case would be suitable for mediation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. You must provide the following information:

a. Current principal of loan: \_\_\_\_\_

b. Estimated default amount: \_\_\_\_\_

c. Previous monthly payment: \_\_\_\_\_

i. Does the payment include escrow for insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

ii. Does the payment include escrow for taxes: Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that I am the owner of the property that is subject to this foreclosure action, and I currently reside in this property.

\_\_\_\_\_  
Property Owner's Signature