### **SELECTION OF MEDIATOR**

Assessor Parcel Number (APN): Property Owner(s)	Beneficiary				
<del></del>	Trustee				
Property Address	TS No				
	DoTBook/Instr. No				
TO:,	Mediator				
You have been randomly selected to County. This mediation must be completed	to mediate the above-described dispute inby:(DATE).				
If you have a conflict or cannot me facsimile to (702) 486-9339 within two (2) of	ediate this matter, you must return the Notice of Recusal by days.				
	FORECLOSURE MEDIATION COORDINATOR Carson/Reno: (775) 684-1760 Las Vegas: (702) 486-9380				
AGAINST ALL PARTIES LISTED O	TY TO RUN A CONFLICT OF INTEREST CHECK ON THE RECORDED NOTICE OF DEFAULT AND M. MEDIATOR ACKNOWLEDGES HE HAS NO G AS MEDIATOR IN THIS MATTER.				
DATED:					
ORIGINAL TO: Foreclosure Mediation P	MEDIATOR Program Supervisor				
NO	ΓΙCE OF RECUSAL				
Please be advised the undersigned motice thereof is done in accordance with the	nust recuse him/herself from this mediation. This recusal and e Nevada Foreclosure Mediation Rule 4.				
DATED this day of	, 20				

#### NOTICE OF APPOINTMENT OF MEDIATOR

Assessor Parcel Number (APN) :	
Property Owner(s)	Beneficiary
	Trustee
Property Address	
DoT	Book/Instr. No
<u>A</u>	PPOINTMENT OF MEDIATOR
TO:	Property Owner(s); and
TO:	, Beneficiary; and
TO:	, Mediator
mediation concerning the property li	has been randomly selected as Mediator to preside over the sted above.
All mediations shall be comp	pleted no later than ten (10) days prior to the 90 <sup>th</sup> day following the
recording of the notice of default, un	less otherwise approved by the presiding mediator.
The mediator shall have all re	equired authority to conduct this mediation pursuant to the
Foreclosure Mediation Rules, includi	ing the authority to determine whether the parties have

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complied with the obligations set by the stat	tutes and the Supreme Court Rules, and shall timely notify the
Foreclosure Mediation Program Manager of	the outcome of this mediation.
DATED this day of _	, 20
	FORECLOSURE MEDIATION COORDINATOR
CERTI	FICATE OF MAILING
I hereby certify that I served the fore	egoing Notice of Appointment of Mediator on the day
of, 20, by placing true	and correct copies thereof in the U. S. mail, postage prepaid,
addressed to the following:	
	STATE OF NEVADA
	FORECLOSURE MEDIATION PROGRAM
	By:
	Print Name:

#### MEDIATION SCHEDULING NOTICE

Property Owner(s)	
	Trustee
Property Address	TS No
	DoTBook/Instr. No
<u>NO</u>	TICE TO APPEAR
ГО:	, Property Owner(s); and
ГО:	, Beneficiary;
The mediation in this matter will be h	neld on, 20, atAM/PM.
Continu	, Nevada.

invoke foreclosure against a homeowner, shall participate in the foreclosure mediation program, and shall be represented at all times during a mediation by a person or persons who have the authority to modify the underlying loan, and who shall bring to the mediation the original or a certified copy of the deed of trust, the mortgage note, and each assignment of the deed of trust and the mortgage note.

The homeowner and lender representative with authority to modify the underlying loan shall be physically present, or, if approved by the mediator, may participate by phone for good cause.

Failure by the beneficiaries of the deed of trust, or their representatives, to attend and participate at the mediation in good faith or to bring all requisite documents and authorities to the mediation, shall result in the mediator preparing and submitting a statement to the Foreclosure Mediation Program Manager of the facts which may result in an inability to proceed with the foreclosure..

All parties are herein noticed to comply with Rule 7 of the Foreclosure Mediation Program. The parties shall submit the required statements, disclosure forms, and documents to the presiding mediator at least seven (7) days prior to the scheduled mediation, unless otherwise agreed.

Pursuant to Rule 8 of the Foreclosure Mediation Rules, in the event the foreclosure issues are resolved before the scheduled mediation, the parties must, no later than two days prior to the scheduled mediation date, notify the mediator of their settlement. Failure to abide by Rule 8 may subject the parties to sanctions.

20

201122	 		_, <del>_</del>	
		MEDIATOR		
		Contact number	••	

**COPY TO:** Foreclosure Mediation Program Supervisor

day of

DATED this

### **CERTIFICATE OF MAILING**

I hereby certify that I served the foregoing Mediation Scheduling Notice on the day of
, 20, by placing true and correct copies thereof in the U. S. mail, postage prepaid
addressed to the following:
Property Owner(s):
Beneficiary(ies):
Trustee(s):
By: MEDIATOR

## STATE OF NEVADA FORECLOSURE MEDIATION PROGRAM

		Fina	ancial Statem	ent	radcamentviewer.aspx:11a=56c15141-019a-405a-65c9-65				
Assessor Parcel Numbe	r (APN):		Trustee:						
Property Address:			TS#:						
		D o T Book/In	st:						
		Per	sonal Informat	ion	A.C. Cherry III				
Property Owner's Name:			Co-Owner's N						
Last Four Digits of SSN:	Date of Birth (mi	m/dd/yyyy)	Last Four Digits	of SSN:	Date of Birth (mm/dd/yyyy)				
Number of Dependents (Not Listed by Co-Owner):		1,1,000	Number of Dep Listed by Owne						
Present Address (Street, C	ity, State, Zip)		Present Addre	ess (Street, Ci	ty, State, Zip)				
	****	Emple	oyment Inform	ation					
Employer's Name:		Self Employed	Employer's Na	ame:	Self Employed				
Position/Title	Date of Employment:		Position/Title		Date of Employment:				
Second Employer:			Second Emplo						
Position/Title	Position/Title Date of Employment:		Position/Title		Date of Employment:				
Net Salary/Wages		Owner	Co-0	wner	Total				
Unemployment Income									
Child Support/Alimony					100				
Disability Income									
Rental Income									
Other Income									
	Total								
**************************************		Exper	nses and Liabil	ities					
		Monthly P			Balance Due				
First Mortgage					The state of the s				
Second Mortgage					<del> </del>				
Rent for Other Property					100000				
Other Liens on the Proper	ty								
Homeowner Association I					2. 11.36 301 101 112				
Insurance (not included in pa	ayment to lender)				****				
Real Estate Taxes									
Child Care									
Health Insurance					The state of the s				
Medical Charges									
Financial Stater	ment	© 2009 Nevada	Foreclosure Mediation	Program	FMP Form #7 rev 08-21-09				

## STATE OF NEVADA FORECLOSURE MEDIATION PROGRAM

	Monthly Payments	Balance Due
Credit Card/Installment Loan		
redit Card/Installment Loan		
utomobile Loan 1		
utomobile Loan 2		
uto Insurance		
uto/Gasoline		
ood		
pending Money		
/ater/Sewer/Utilities		
none/Cell Phone		
ther		
Total		
	Assets (Estimated V	alue)
ersonal Residence		
ther Real Property		
ersonal Property		
utomobile 1		
utomobile 2		
necking Accounts		
ving Accounts		
A/401K/Keogh Accounts		
ocks/Bonds/CDs		
ther		
ther		
Total		
eason for Delinquency/Inability to Satis	sfy Mortgage Obligation:	
Reduction in Income	Medical Issues	Death of Family Member
Budget Management Skills	Increase in Expenses	Business Venture Failed
Loss of Income	Divorce/Seperation	Increase in Loan Payment
Other:		
urther Explanation:		
/ We have described my/our present / We consent to the release of this fin y way of the lender's attorney.	rured by the above-described property. financial condition and reason for defauancial worksheet and attachments to be compared to the provided is true and correct to the c	oult and have attached required. the mediator and the lender or lender's servicing company
Signature of Owner	Date	
Signature of Lender	Date	
lease Attach the Following:		
✓ Last Federal tax return filed	✓ Proof of incom	e (e.g. two current pay stubs)
Past two (2) bank statements	✓ If self-employe	ed, attach a copy of the past six (6) months' profit and loss statement
Financial Statement	© 2009 Nevada Foreclosure Mediation	Program FMP Form #7 rev 08-21-09

#### HOUSING AFFORDABILITY WORKSHEET

Assessor Parcel N	umber (APN)				
Name of Homeowners:			Name of Lender:		
Property Address:			Servicer:		
	Principal, Interest, Taxes, surance, Association Dues			Homeowner's	Income
	LY PAYMENTS	CURRENT	Gross		
Mortgage Paymen (without taxes and			Income:	\$	
Property Tax:					
Homeowner's Inst	ırance:				
Homeowner's Ass	ociation Dues:				
	Total:		31% of Gross		
	Percent of Gross Income:		Income:	\$	
	(Describe Your Loan) Current 1 <sup>st</sup> Mortgage			(Describe You Current 2 <sup>nd</sup> M	r Loan) ortgage
Description:			Description:		
			-		
Principal Amount:	<b>s</b>		Principal Amount:		
Interest Rate:	Term:	Years	Interest Rate: -	%	Term:Years
			Payment: S		
	1st Mortgage Payment			Value Paran	neters
Principal and	interest: \$		Current Value of the Home:	•	
	Escrow:		of the nome:	\$	
Total I	Payment: \$		Monthly Rental Value of the Home:	s	

#### **MEDIATOR'S STATEMENT**

Assessor Parcel Number	er (APN)	
		Beneficiary
Property Address		TS#
A Foreclosure N	Mediation conference was !	held on
The Mediator fi	les the following report of	the proceedings:
The parti	es resolved this matter. No fu	urther action is required.
The par arrangen		e unable to agree to a loan modification or make other
	eficiary or his representati required.	ive failed to attend the mediation in good faith. No further
The bend required.		the mediation each document required. No further action is
	eficiary did not have the v. No further action is requ	required authority or access to a person with the required aired.
The Gran	ntor or person who holds the	he title of record failed to attend mediation in good faith.
<del></del>	ntor or person who holds nt required.	s the title of record failed to bring to the mediation each
Other (E		
		penalty of perjury, that the foregoing is a true and accurate pter 107.
DATED this	day of	, 20
		MEDIATOR

## **CERTIFICATE OF MAILING**

	1	nereby										nostage	prepaid,
addres	sed	to the	followi	piacin	5 440		сорис	uncrear	in the	0	o. man,	postage	ргорига,
						$\mathbf{R}_{\mathbf{V}}$							

**MEDIATOR** 

#### **MEDIATION AGREEMENT**

Property Owner						
Co-Owner						
Property Address						
A Foreclosure Mediation conference was	held on .					
A Foreclosure Mediation conference was The parties have reached an agreement an	d the basic provisions are set forth below:					
Property Owner(s) Retain Possession	Property Owner(s) Vacate Property					
Reinstatement	Principal Forbearance					
Repayment plan	Deed in Lieu of Foreclosure					
Forbearance Agreement	Short Sale					
Extension Agreement	Voluntary Surrender					
Waiver Fees/Penalties	Cash for Keys					
Loan Modification						
Interest Rate Reduction	Other					
ARM to Fixed Rate						
Amortization Extended						
Gov't Fund Incentive Applied						
Principal Reduction						
If Agreement for Loan Modification has o						
DATED this day of	, 20					
Beneficiary:	Property Owner					
Denominary.	Troperty owner					
D.,						
ByIts duly authorized agent	Signature					
Print Name	Print Name					
	Co-owner					
	Signature					
	Print Name					

THIS MEDIATION AGREEMENT IS BEING SIGNED BY THE PARTIES TO MEMORIALIZE THE BASIC TERMS OF THEIR AGREEMENT AND SUBMITTED TO THE MEDIATION ADMINISTRATOR FOR STATISTICAL PURPOSES. NEITHER THE MEDIATOR NOR THE MEDIATION ADMINISTRATOR MAY BE COMPELLED TO TESTIFY IN ANY SUBSEQUENT PROCEEDING REGARDING THE CONTENTS OF THIS AGREEMENT. THE TERMS SET FORTH HEREIN HAVE BEEN PRESENTED BY THE PARTIES AND THIS AGREEMENT IS THE WORK PRODUCT OF THE MEDIATOR. THIS DOCUMENT DOES NOT CONSTITUTE A FORMAL CONTRACT BETWEEN THE PARTIES. THE PARTIES AGREE TO SEPARATELY PREPARE AND EXECUTE THE DOCUMENTS NECESSARY TO ACCOMPLISH THE TERMS OF THIS AGREEMENT.

## STATE OF NEVADA FORECLOSURE MEDIANTION PROGRAMIViewer.aspx?fid=58c15f4f-6f9d-403d-85c9-83fb9e736610



## **MEDIATION BILLING(S)**

From:_	Mediator's Name (PLEASE PH		
M	EDIATION CASE NAME(S):	ASSESSOR PARCEI NUMBER (APN):	DATE CONCLUDED:
I	OTAL AMOUNT BILLED Imber of Cases (maximum of	f \$400 per case) \$	
ONAGR ECOMM	EDIATION PROCESS IS CONCLUDED EEMENT IS COMPLETE. ALSO, THE MENDATION HAS BEEN SUBMITTED BY CERTIFY THAT THIS BILLING ST	STATEMENT, OR WHEN APF FOR THE CASE(S) LISTED AI	ROPRIATE, THE PETITION
ONAGR ECOMM I HERE	EEMENT IS COMPLETE. ALSO, THE MENDATION HAS BEEN SUBMITTED BY CERTIFY THAT THIS BILLING ST	STATEMENT, OR WHEN APF FOR THE CASE(S) LISTED AI FATEMENT IS TRUE.	ROPRIATE, THE PETITION
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ONAGR RECOMM I HERE Date Subn	EEMENT IS COMPLETE. ALSO, THE MENDATION HAS BEEN SUBMITTED BY CERTIFY THAT THIS BILLING ST  mitted Mediator	STATEMENT, OR WHEN APF FOR THE CASE(S) LISTED AI FATEMENT IS TRUE.	ROPRIATE, THE PETITION
NONAGR RECOMM I HERE Date Subn	EEMENT IS COMPLETE. ALSO, THE IENDATION HAS BEEN SUBMITTED  BY CERTIFY THAT THIS BILLING STATE IN THE IENDATION MEDITAL IN THE IEDDATION MEDITAL IN THE IENDATION MEDITAL IN THE IEDDATION MEDITAL I	STATEMENT, OR WHEN APF FOR THE CASE(S) LISTED AI FATEMENT IS TRUE.	ROPRIATE, THE PETITION
ONAGR RECOMM I HERE Date Subn	EEMENT IS COMPLETE. ALSO, THE IENDATION HAS BEEN SUBMITTED  BY CERTIFY THAT THIS BILLING STATE ADMINISTRATIVE OFFICE OF THE STATE ADMINISTRATIVE OFFICE OFFI	STATEMENT, OR WHEN APF FOR THE CASE(S) LISTED AI FATEMENT IS TRUE.  (original signature)	ROPRIATE, THE PETITION BOVE.  Zip Code:
Payee Information  Must be completed for application payment payment	EEMENT IS COMPLETE. ALSO, THE IENDATION HAS BEEN SUBMITTED  BY CERTIFY THAT THIS BILLING STATE ADMINISTRATIVE OFFICE OF CARSO  FOR ACC.	STATEMENT, OR WHEN APP FOR THE CASE(S) LISTED AIT TATEMENT IS TRUE.  (original signature)  State:  FORM TO: MEDIATION ADMINIST THE COURTS, 201 SOUTH CAR.	ROPRIATE, THE PETITION BOVE.  Zip Code:  TRATOR SON STREET

#### WHAT YOU NEED TO RECEIVE PAYMENT FOR MEDIATING

#### 1. STATE OF NEVADA VENDOR REGISTRATION FORM:

- If you have not done business with the State of Nevada (an executive branch agency, the legislative branch or the judicial branch) you will need to complete and submit a vendor registration form to the Administrative Office of the Court's (AOC) accounting unit (Supreme Court Building, 201 S. Carson Street, Suite 250, Carson City, Nevada 89701-4702).
- You can fax the completed form to (775) 684-1778.
- Completion of the forms will enable the State of Nevada Controller's Office to determine which Vendors will receive a 1099 at the end of the calendar year.
- If a mediator works for a law firm or your own company the vendor registration form or the W-9 needs to be in the name of the business. Meaning the check will be issued to the name on the vendor registration form so if Joe Smith works for Jones, Smith and Wilson the vendor registration form should be for Jones, Smith and Wilson not Joe Smith.
- The AOC accounting unit will process the form through the State Controller's Office to establish you as a vendor with the State of Nevada.
- This form must be completed and submitted right away in order to avoid any delays in receiving payment.
- If you are not sure whether or not you have done business with the State of Nevada, complete and submit the form anyway.
- An IRS Form W-9 can be substituted for the Vendor Registration Form. Either form will work.
- This step is only required when you first are assigned as a mediator. Once you have done it, you will not need to do it again.
- The State of Nevada Controller's Office has information regarding this process at:
  - http://controller.nv.gov/Vendor Services.html
- 2. A <u>MEDIATION BILLING(S) FORM</u>: A maximum of \$400 will be paid to the mediator per case. In order to receive payment:
  - Make sure you have completed step 1 above when you first are selected as a mediator for the program.
  - Complete the mediation billing form. Do not leave any part of the form blank. All information needed on the form is essential. Call the mediation coordinator if you have any questions when completing the form.
  - Send the form to the mediation coordinator who assigned you the case. MEDIATION BILLING FORMS
    MUST BE SUBMITTED TIMELY. Submit the billing form to the mediation coordinator within 30 days
    of the completion of the mediation.
  - An original mediation billing form is required in the accounting unit in order to receive payment. No faxes will be accepted, unless there are extraordinary circumstances.
  - The mediation coordinator will approve the billing form and forward it to the AOC accounting unit.
  - The accounting unit will process the billing within 5 days of receipt. You should receive payment within two weeks from the time they receive the billing unless the billing is incomplete.

#### **Special Notes:**

- The Mediation Service Fee is earned income. If you or your business is paid a minimum of \$600 per calendar year, you or your business will receive a 1099 form from the State of Nevada Controller's Office.
- Call the AOC accounting unit at (775) 684-1700 if you have any questions regarding the information provided above.