

STATE OF NEVADA
FORECLOSURE MEDIATION PROGRAM

SELECTION OF MEDIATOR

Assessor Parcel Number (APN): _____
Property Owner(s) _____ Beneficiary _____

Trustee _____
Property Address _____ TS No. _____

DoT _____ Book/Instr. No. _____

TO: _____, Mediator

You have been randomly selected to mediate the above-described dispute in _____
County. This mediation must be completed by: _____ (DATE).

If you have a conflict or cannot mediate this matter, you must return the Notice of Recusal by
facsimile to (702) 486-9339 within two (2) days.

FORECLOSURE MEDIATION COORDINATOR
Carson/Reno: (775) 684-1760
Las Vegas: (702) 486-9380

**IT IS MEDIATOR'S RESPONSIBILITY TO RUN A CONFLICT OF INTEREST CHECK
AGAINST ALL PARTIES LISTED ON THE RECORDED NOTICE OF DEFAULT AND
ELECTION OF MEDIATION FORM. MEDIATOR ACKNOWLEDGES HE HAS NO
CONFLICT OF INTEREST IN SERVING AS MEDIATOR IN THIS MATTER.**

DATED: _____

MEDIATOR

ORIGINAL TO: Foreclosure Mediation Program Supervisor

NOTICE OF RECUSAL

Please be advised the undersigned must recuse him/herself from this mediation. This recusal and
notice thereof is done in accordance with the Nevada Foreclosure Mediation Rule 4.

DATED this _____ day of _____, 20____.

MEDIATOR

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NOTICE OF APPOINTMENT OF MEDIATOR

Assessor Parcel Number (APN) : _____

Property Owner(s) _____ Beneficiary _____

Trustee _____

Property Address _____ TS No. _____

DoT _____ Book/Instr. No. _____

APPOINTMENT OF MEDIATOR

TO: _____, Property Owner(s); and

TO: _____, Beneficiary; and

TO: _____, Mediator

_____ has been randomly selected as Mediator to preside over the mediation concerning the property listed above.

All mediations shall be completed no later than ten (10) days prior to the 90th day following the recording of the notice of default, unless otherwise approved by the presiding mediator.

The mediator shall have all required authority to conduct this mediation pursuant to the Foreclosure Mediation Rules, including the authority to determine whether the parties have

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complied with the obligations set by the statutes 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

CERTIFICATE OF MAILING

I hereby certify that I served the foregoing 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:

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By: _____
Print Name:

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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.

DATED this ____ day of _____, 20____.

MEDIATOR

Contact number: _____

COPY TO: Foreclosure Mediation Program Supervisor

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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

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Financial Statement

Assessor Parcel Number (APN): _____	Trustee: _____
Property Address: _____ _____	TS#: _____
	D o T Book/Inst: _____

Personal Information

Property Owner's Name:	Co-Owner's Name:
Last Four Digits of SSN: Date of Birth (mm/dd/yyyy)	Last Four Digits of SSN: Date of Birth (mm/dd/yyyy)
Number of Dependents (Not Listed by Co-Owner):	Number of Dependents (Not Listed by Owner):
Present Address (Street, City, State, Zip)	Present Address (Street, City, State, Zip)

Employment Information

Employer's Name: <input type="checkbox"/> Self Employed	Employer's Name: <input type="checkbox"/> Self Employed
Position/Title Date of Employment:	Position/Title Date of Employment:
Second Employer:	Second Employer:
Position/Title Date of Employment:	Position/Title Date of Employment:

	Owner	Co-Owner	Total
Net Salary/Wages			
Unemployment Income			
Child Support/Alimony			
Disability Income			
Rental Income			
Other Income			
Total			

Expenses and Liabilities

	Monthly Payments	Balance Due
First Mortgage		
Second Mortgage		
Rent for Other Property		
Other Liens on the Property		
Homeowner Association Dues		
Insurance (not included in payment to lender)		
Real Estate Taxes		
Child Care		
Health Insurance		
Medical Charges		

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HOUSING AFFORDABILITY WORKSHEET

Assessor Parcel Number (APN)

Name of Homeowners:	
Property Address:	

Name of Lender:	
Servicer:	

Principal, Interest, Taxes, Insurance, Association Dues	
MONTHLY PAYMENTS	CURRENT
Mortgage Payment (without taxes and insurance):	
Property Tax:	
Homeowner's Insurance:	
Homeowner's Association Dues:	
Total:	
Percent of Gross Income:	

Homeowner's Income	
Gross Income:	\$ _____

31% of Gross Income:	\$ _____
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(Describe Your Loan) Current 1st Mortgage			
Description:			
Principal Amount:	\$ _____		
Interest Rate:	_____ %	Term:	_____ Years

(Describe Your Loan) Current 2nd Mortgage			
Description:			
Principal Amount:	\$ _____		
Interest Rate:	_____ %	Term:	_____ Years
Payment:	\$ _____		

1st Mortgage Payment	
Principal and interest:	\$ _____
Escrow:	_____
Total Payment:	\$ _____

Value Parameters	
Current Value of the Home:	\$ _____
Monthly Rental Value of the Home:	\$ _____

MEDIATOR'S STATEMENT

Assessor Parcel Number (APN) _____

Property Owner _____ Beneficiary _____

Property Address _____ TS# _____

Trustee _____ DoT Book/Inst _____

A Foreclosure Mediation conference was held on _____.

The Mediator files the following report of the proceedings:

_____ The parties resolved this matter. No further action is required.

_____ The parties participated but were unable to agree to a loan modification or make other arrangements.

_____ The beneficiary or his representative failed to attend the mediation in good faith. No further action is required.

_____ The beneficiary failed to bring to the mediation each document required. No further action is required.

_____ The beneficiary did not have the required authority or access to a person with the required authority. No further action is required.

_____ The Grantor or person who holds the title of record failed to attend mediation in good faith.

_____ The Grantor or person who holds the title of record failed to bring to the mediation each document required.

_____ Other (Explain) _____

The Mediator hereby certifies, under the penalty of perjury, that the foregoing is a true and accurate report of the proceedings as required by NRS Chapter 107.

DATED this _____ day of _____, 20__.

MEDIATOR

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CERTIFICATE OF MAILING

I hereby certify that I served the foregoing Mediator's Statement on the _____ day of _____, 20____, by placing true and correct copies thereof in the U. S. mail, postage prepaid, addressed to the following:

By: _____
MEDIATOR

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MEDIATION AGREEMENT

Property Owner _____ Beneficiary _____
Co-Owner _____
Property Address _____ Assessor Parcel Number (APN) _____

A Foreclosure Mediation conference was held on _____.

The parties have reached an agreement and 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 | ___ Other _____ |
| ___ Interest Rate Reduction | _____ |
| ___ ARM to Fixed Rate | _____ |
| ___ Amortization Extended | |
| ___ Gov't Fund Incentive Applied | |
| ___ Principal Reduction | |

If Agreement for Loan Modification has occurred, set forth the basic terms:

DATED this _____ day of _____, 20__.

Beneficiary:

Property Owner

By _____
Its 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.

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MEDIATION BILLING(S)

From: _____
Mediator's Name (PLEASE PRINT)

MEDIATION CASE NAME(S):	ASSESSOR PARCEL NUMBER (APN):	DATE CONCLUDED:

TOTAL AMOUNT BILLED	
Number of Cases _____ (maximum of \$400 per case)	\$ _____

▶ **THE MEDIATION PROCESS IS CONCLUDED AND THE STATEMENT OF AGREEMENT OR NONAGREEMENT IS COMPLETE. ALSO, THE STATEMENT, OR WHEN APPROPRIATE, THE PETITION RECOMMENDATION HAS BEEN SUBMITTED FOR THE CASE(S) LISTED ABOVE.**

▶ **I HEREBY CERTIFY THAT THIS BILLING STATEMENT IS TRUE.**

Date Submitted

Mediator (original signature)

Payee Information Must be completed for payment	Make check payable to:		
	Payee mailing address:		
	City:	State:	Zip Code:

**PLEASE RETURN THIS FORM TO: MEDIATION ADMINISTRATOR
ADMINISTRATIVE OFFICE OF THE COURTS, 201 SOUTH CARSON STREET
CARSON CITY, NV 89701-4702**

FOR ACCOUNTING USE ONLY	
FORECLOSURE MEDIATION PROGRAM. APPROVAL TO PAY.	
SIGNATURE OF APPROVING AUTHORITY:	DATE:

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 MEDIATION BILLING(S) FORM: 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.