

**MORTGAGE FORECLOSURE CASE MANAGEMENT FORM**

**Case Management Conference Date:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**CALENDAR NUMBER:** \_\_\_\_\_

**DATE FILED:** \_\_\_\_\_

**TYPE OF PROPERTY:**

<input type="checkbox"/> Vacant land	<input type="checkbox"/> Non-owner occupied single-family home or condominium
<input type="checkbox"/> Vacant residential (6 units or less)	<input type="checkbox"/> Owner occupied (6 units or less)
<input type="checkbox"/> Vacant residential single-family home or condominium	<input type="checkbox"/> Multi-unit residential (7 units or more)
<input type="checkbox"/> Owner occupied, mixed commercial/residential (6 units or less)	<input type="checkbox"/> Commercial, mixed commercial/residential or industrial
<input type="checkbox"/> Owner occupied single-family home or condominium	

\_\_\_\_\_,  
**Plaintiff(s)**

v.

\_\_\_\_\_,  
**Defendant(s).**

**PROPERTY ADDRESS:** \_\_\_\_\_

**OCCUPANTS:** \_\_\_\_\_

<b>Mortgagor(s) Served</b>	<input type="checkbox"/> Yes      Date: _____      Location: _____      Type: _____
	<input type="checkbox"/> No

<b>All Other Defendants Served</b>	<input type="checkbox"/> Yes      Date: _____      Type: _____
	<input type="checkbox"/> No

<b>Appearances (Names and Dates)</b>	Pro se: _____
	Attorneys (Identify party represented): _____

<b>Filings (Answers, Counterclaims, Affirmative Defenses)</b>	Mortgagor(s): _____
	Other Defendant(s): _____

<b>Status</b>	Reinstatement: _____      Payoff: _____
	Loss Mitigation: _____

<b>Dates</b>	JFS: _____
	Last Order: _____      Next Date: _____
	Sale Scheduled: _____      OAS Scheduled: _____

<b>Motions</b>	Pending Motions: _____
	Briefing Complete: _____      Hearing Date: _____

<b>Case on Hold</b>	Basis & Date: _____
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<b>Other Issues</b>	Priority (Mortgages and/or judgments): _____
	Mechanics Lien: _____

<b>Mortgagee Placed in Possession?</b>	<input type="checkbox"/> Yes      Date: _____
	<input type="checkbox"/> No

<b>Receiver Appointed?</b>	<input type="checkbox"/> Yes      Date: _____      Name: _____
	<input type="checkbox"/> No      Date(s) Reports(s) Filed: _____
	Next Report Due: _____

**REVIEWED AND APPROVED BY SUPERVISING ATTORNEY**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_