

STATE OF NEW MEXICO
COUNTY OF _____
FIRST JUDICIAL DISTRICT COURT

CASE NO. D-_____

Plaintiff ,

vs.

Defendant.

**DEFENDANT / HOMEOWNER'S
REQUEST FOR REFERRAL TO FORECLOSURE MEDIATION**

COMES NOW _____, Defendant(s)/Homeowner(s) in this case, and requests that this case be referred to foreclosure mediation.

This case is assigned to Judge _____. It was filed on _____.

The names, addresses and telephone numbers of all counsel or parties *pro se* entitled to participate are:

Plaintiff or Attorney for the Plaintiff

Defendant or Attorney for the Defendant Homeowner

Other defendants or their attorneys

Submitted by:

Signature
(Print Name: _____)

Mailing address

Phone

XC:

Plaintiff/Attorney for Plaintiff *(name, mailing address, phone)*

Defendant/Attorney for Defendant *(name, mailing address, phone)*

Other defendants or their attorneys *(name, mailing address, phone)*

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Defendant/Homeowners Request for Referral to Foreclosure Mediation was *(circle one)* mailed /faxed / hand-delivered / emailed, to all parties of record listed above on this _____ day of _____, 201__.
