**UNITED STATES BANKRUPTCY COURT**

**SOUTHERN DISTRICT OF FLORIDA**

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov/)

In re: Case No.

Chapter

Debtor(s) /

**THIRD PARTY’S CONSENT TO ATTEND AND PARTICIPATE IN**

**MORTGAGE MODIFICATION MEDIATION**

The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consents to participate in Mortgage Modification Mediation (“MMM”) and attend all MMM conferences for property located at as follows:

1. I am not a Debtor in this case.
2. I am:
   1. the Debtor’s non-filing spouse
   2. a co-obligor on the promissory note
   3. a co-borrower on the mortgage
   4. other/third party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I am willing to enter into a binding settlement agreement with the Lender, but understand I am not required to do so.
4. I am willing to provide Debtor’s attorney, or if the Debtor is not represented, the Debtor, with all documents required for MMM upon request.
5. I have not entered into a written legal representation agreement with Debtor’s attorney, and acknowledge that I am not represented by Debtor’s attorney for MMM or any other matter, if the Debtor is represented by an attorney.
6. I understand I am entitled to retain my own attorney to represent me in this matter if I so choose.
7. I understand all communication and information exchanged during MMM is confidential.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF

SWORN AND SUBSCRIBED before me this \_\_\_\_\_ day of [date\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_,] by [Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  who is personally known to me or  who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida

Commission No.

My Commission Expires: