***APPENDIX I (Page 1 of 1)***

**SECURED PARTY PREFILE FORECLOSURE MEDIATION REPORT TO OFFICE OF ADMINISTRATIVE HEARINGS**

Mortgage Loan Servicer: Name of Borrower:

Loan Number: Property Address:

**Mortgage Loan Servicer Billing Contact Information**

Name: \_ Name:

LAST FIRST MI LAST FIRST MI

Address:

Address:

 Zip

 ZIP

Telephone No.:

Telephone No. :

# Borrower(s) and Borrower’s Attorney (if applicable)

**(#1)** Name: \_ **(#2)** Name: \_

LAST FIRST MI LAST FIRST MI

Address:

Address: \_ \_

 Zip

 Zip

Telephone No.:

Telephone No.:

**(#3)** Name: \_ **(#4)** Name: \_

LAST FIRST MI LAST FIRST MI

Address:

Address: \_ \_

 Zip

 Zip

Telephone No.:

Telephone No.:

Mail or fax within five (5) business days after receipt of the borrower Prefile Mediation Application to:

**OFFICE OF ADMINISTRATIVE HEARINGS ADMINISTRATIVE LAW BUILDING**

**11101 GILROY ROAD, UNIT A/CLERK’S OFFICE HUNT VALLEY, MARYLAND 21031**

**(410) 229-4246 Fax: (410) 229-4266**

**MD RELAY: 711 Toll Free (800) 388-8805**