

PLEASE COMPLETE AND FILE WITH THE ADR OFFICE BY FAX OR E-MAIL
BY END OF BUSINESS DAY FOLLOWING RECEIPT

SUPREME COURT, CIVIL BRANCH, NEW YORK COUNTY
COMMERCIAL DIVISION ADR PROGRAM

-----X

Part _____

Plaintiff,
- against -

Index No. _____

Defendant.

ADR INITIATION FORM

[FULL CAPTION OR ATTACH COPY]

-----X

1. This case was referred to the Commercial Division Alternative Dispute Resolution Program (order of Justice _____
dated _____).

2. The attorneys for all parties herein are as follows (attach an additional sheet if necessary):

For Plaintiff:

For Defendant:

_____, Esq .

_____, Esq .

_____ [Firm]

_____ [Firm]

Phone: _____

Phone: _____ *

E-mail: _____ *

E-mail: _____ *

Fax: _____

Fax: _____

For Others (Attach an additional sheet if necessary):

_____, Esq .

_____, Esq .

_____ [Firm]

_____ [Firm]

Phone: _____

Phone: _____ *

E-mail: _____ *

E-mail: _____ *

Fax: _____

Fax: _____

Attorney for _____

Attorney for _____

* Required

3. Please briefly describe this case, including, if possible, the damages claimed:

4. In order that a proposed mediator may run a conflicts check as required, counsel for any corporate party must list here or on an attached sheet the names of all corporate parents, subsidiaries, or affiliates:

5. This case shall be mediated unless otherwise agreed.

6. Please indicate whether there are in this case:

Motions *sub judice*: Yes ___ No ___

Appeals: Yes ___ No ___

If you indicated “Yes” to either of the foregoing, please contact an ADR Coordinator immediately.

7. By signing below, counsel, on behalf of their clients, certify that they have read and will comply with the ADR Rules of the Commercial Division (www.nycourts.gov/courts/comdiv/PDFs/NYCounty/Attachment1.pdf).

(Signature)
_____, Esq.
(Please print)

For further information, consult the web page listed above or contact the ADR Coordinator Simone Abrams at 212-256-7986 or SAbrams@courts.state.ny.us. The fax number is 212-952-3772.