

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

PRESENT: HON.

Justice

Plaintiff

Index No. _____

- against -

Defendant

ORDER OF REFERENCE -
MATRIMONIAL MEDIATION
PROGRAM

1. On consent of the parties/by Order of the Court (**CIRCLE ONE**) the following issues are hereby referred to the Westchester County Supreme Court, Civil Branch, Matrimonial Mediation Program and shall be conducted in accordance with the Program's STATEMENT OF

PROCEDURES:

2. Counsel for the parties shall complete this form, and once so-ordered, the Court shall send it to the Program Coordinator, Katherine Mueller, who can be reached at 914-824-5051 or via email at kmueller@courts.state.ny.us.

3. The Program Coordinator shall designate a Mediator from the Court's Roster of Neutrals and forward this Order of Reference to the Mediator.

4. The Program Coordinator shall provide the parties' counsel and the selected Mediator with a Notice of Confirmation within five days (5) of receipt of the Order. The parties shall appear at the initial session within ten (10) days of receiving a Notice of Confirmation.

5. At least three (3) business days prior to the initial session, the parties' counsel shall send the Mediator a copy of the pleadings, the Statements of Net Worth, and any other information necessary for the effective negotiation and resolution of the issues involved.

6. Please indicate whether there are in this case:

Motions *sub judice*: Yes ___ No___ Appeals: Yes ___ No ___ Order(s) of protection: Yes ___ No___

7. By signing below, the parties and/or their counsel, agree that they shall comply with the Statement of Procedures for the Matrimonial Mediation Program, including those provisions regarding confidentiality and immunity. Parties and/or their counsel further understand and agree that no attorney-client relationship exists between the Mediator and the parties, and that the Mediator may not provide legal advice to the parties.

8. The attorneys for the parties herein are as follows:

For Plaintiff: _____

For Defendant: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

9. The parties shall appear for a status conference before this court on ____ / ____ / ____

Signature of Plaintiff

Signature of Defendant

Signature of Counsel for Plaintiff

Signature of Counsel for Defendant

Dated: White Plains, New York
_____, 20____

JSC or Court-Attorney Referee