

***SUBMIT THIS FORM TO THE ADR COORDINATOR
AT E-MAIL ADDRESS LISTED BELOW***

**SUPREME COURT, CIVIL BRANCH, NEW YORK COUNTY
COMMERCIAL DIVISION ADR PROGRAM
MANDATORY MEDIATION PILOT PROJECT**

-----X

Part _____

Plaintiff,

Index No. _____

- against -

Defendant.

[FULL CAPTION OR ATTACH COPY]

-----X

NOTIFICATION REGARDING SELECTION OF MEDIATOR

1. This case was referred to mediation in the Mandatory Mediation Pilot Project of the Commercial Division Alternative Dispute Resolution Program pursuant to Administrative Order of Hon. Sherry Klein Heitler, Administrative Judge, and Rule 15 of the Rules and Procedures of the Program.

2. The attorneys for all parties herein are as follows:

For Plaintiff:

_____, Esq.

_____ [Firm]

Phone: _____

E-mail: _____*

Fax: _____

For Defendant:

_____, Esq.

_____ [Firm]

Phone: _____

E-mail: _____*

Fax: _____

For Others (Attach an additional sheet if necessary):

_____, Esq.

_____ [Firm]

Phone: _____

E-mail: _____*

Fax: _____

_____, Esq.

_____ [Firm]

Phone: _____

E-mail: _____*

Fax: _____

Attorney for _____

Attorney for _____

* Required

3. Complete this item by placing a check mark in the box that is applicable.

In accordance with Rule 15, the parties have agreed upon a mediator who shall handle this case. The mediator is:

Name: _____
Firm: _____
Address: _____

Phone: _____
E-mail: _____

The parties recognize that the procedures of the ADR Program, including its deadlines, are applicable to this mediation except as otherwise provided in Rule 15.

Counsel for the parties have not agreed upon a mediator to handle this case and request the assignment of a mediator from the Panel of Neutrals of the ADR Program, as provided in Rule 15.

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

5. 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:

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 explain:

7. Counsel certify that they have read and will comply with the Rules and Procedures of the Commercial Division ADR Program (accessible at the address listed above).

For Plaintiff and Defendant:

(Signature)
_____, Esq.
(Please print)

(Signature)
_____, Esq.
(Please print)

For Others (Attach an additional sheet if necessary):

(Signature)
_____, Esq.
(Please print)

(Signature)
_____, Esq.
(Please print)

***Submit this form to the ADR Coordinator at the following e-mail address
(not through the NYSCEF e-filing system).***

For further information, consult the ADR web page at the address listed above or contact the ADR Coordinator as follows (not through the NYSCEF system):

Simone Abrams, ADR Coordinator
Commercial Division ADR Program
Supreme Court, Civil Branch, New York County
60 Centre Street, Room 148
New York, New York 10007

Phone: 212-256-7986
E-Mail Address: sabrams@nycourts.gov
Fax: 212-952-3772