

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

PRESENT: HON.

File No. _____

**MEDIATION OPT-OUT
FORM/COURT ORDER**

1. The above-captioned proceeding qualifies for referral to Mediation pursuant to this Court's Mediation Program Rules.

2. I understand that mediation is presumptive but I may seek to Opt-Out for good cause. At this time I seek to Opt-Out of Presumptive Mediation for the following reason(s): _____
_____.

3. I understand that the court may seek to refer this matter to mediation at a later stage in the litigation process but that I continue to have the right to Opt-Out.

Dated: _____

Counsel For Petitioner(s)

Counsel for Respondent(s)

Print Name

Print Name

APPLICATION: ____ **Granted**

____ **Denied**

Dated _____, New York

Surrogate