

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

File No. _____

MEDIATOR SELECTION FORM

This case qualifies for referral to mediation pursuant to this Court's Mediation Rules on the following basis (Check One):

____ Referral by Court ____ Consent of the Parties

The Parties ____ or the Court ____ (Check One) hereby confirm(s) the selection of the following mediator to serve as the Mediator in the above-captioned case:

____ Roster Mediator ____ Non-Roster Mediator ____ CDRC

Mediator: _____

Phone: _____

Email: _____

Fax: _____

The parties shall immediately forward a copy of this Mediator Selection Form and the Order of Reference to the Mediator and notify the Court's ADR Coordinator of the Mediator selected. Within five (5) days of sending this form, the parties shall initiate a conference call with the Mediator to confirm the Mediator's acceptance of this case. The Parties shall also select a meeting date for the initial session, exchange required discovery pursuant to Court/Part Disclosure Rules and make arrangements for any submissions to be forwarded to the Mediator. The initial session must be held within thirty (30) days of the date the Mediator confirms acceptance of the case and the Mediation shall be completed within forty-five (45) days of that date. The Parties shall notify the Court's ADR Coordinator of the date the Mediator accepted this case and the date scheduled for the initial session.

For Petitioner(s): _____

For Respondent(s): _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____