

_____ COURT OF THE STATE OF NEW YORK
COUNTY OF _____

PRESENT: HON.

Plaintiff/Petitioner

Index/Docket No. _____

- against -

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

Defendant/Respondent

1. The above-captioned proceeding qualifies for referral to Mediation pursuant to the Kings Surrogate's Court Presumptive 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 Party

Party

Print Name

Print Name

APPLICATION: _____ **Granted**

_____ **Denied**

SO ORDERED:

Dated _____, New York

JSC or Court Attorney Referee