

SUPREME COURT CHAMBERS

STATE OF NEW YORK  
Children Come 1<sup>st</sup> Program  
25 DELAWARE AVENUE - FIFTH FLOOR  
BUFFALO, NEW YORK 14202  
(716) 845-9340

**Mediation Referral**

Date of Request: \_\_\_\_\_

Index Number: \_\_\_\_\_

Justice Assigned: \_\_\_\_\_

Next Court Appearance: \_\_\_\_\_

Referred by: \_\_\_\_\_

Before: \_\_\_\_\_

Plaintiff:  
(Name, Address & Telephone)

Defendant:  
(Name, Address & Telephone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff Attorney:  
(Name, Address & Telephone)

Defendant Attorney:  
(Name, Address & Telephone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children:**

(Please Include Name, Date of Birth)

\_\_\_\_\_  
\_\_\_\_\_

**Attorney for Child(ren) Assigned:**  
(Name, Address & Telephone)

\_\_\_\_\_  
\_\_\_\_\_

**\*\*ATTORNEYS PLEASE INDICATE IF YOU WISH TO BE PRESENT\*\***

YES \_\_\_\_\_ NO \_\_\_\_\_

Parenting Issues to be Resolved: \_\_\_\_\_

\_\_\_\_\_

Please submit this form to: Christine Sarzynski at [csarzyns@nycourts.gov](mailto:csarzyns@nycourts.gov) or Sarah Lane Koessler at [skoessle@nycourts.gov](mailto:skoessle@nycourts.gov)