

\_\_\_\_\_ COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

Index/Docket No. \_\_\_\_\_

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Plaintiff/Petitioner  
-against-

**REPORT OF MEDIATOR**

Defendant/Respondent  
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Mediator Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Referral Date to Mediation \_\_\_\_/\_\_\_\_/\_\_\_\_

**A initial mediation session was held on** \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Additional mediation sessions were held on  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_. \_\_\_\_/\_\_\_\_/\_\_\_\_.

Check what applies:

- The matter was resolved by mediation. Parties to file settlement/discontinuance.
- The mediation resolved some but not all issues and the case is ready to proceed in court.
- The mediation did not resolve any issue and the case is ready to proceed in court.
- The matter was resolved by the parties prior to mediation. Parties to file settlement/discontinuance
- One or both of the parties failed, refused to attend or participate at the initial session.
- Mediator had a conflict of interest.
- The case is not appropriate for mediation.
- Other \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Mediator Signature

**NOTE: Please do not comment on any substantive aspect of the case.**