

_____ COURT OF THE STATE OF NEW YORK
COUNTY OF _____

Index/Docket No. _____

Plaintiff/Petitioner
-against-

REPORT OF MEDIATOR

Defendant/Respondent

Mediator Name: _____

Email: _____

Telephone Number: _____

Referral Date to Mediation ____/____/____

An 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.