

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

-----X

Plaintiff(s),

-against-

Defendant(s).

PRESUMPTIVE ADR
STIPULATION AND
ORDER OF REFERENCE

Index No.: _____

Date RJI Filed:

-----X

It is hereby stipulated by and between all parties to the within action as follows:

1. This action qualifies for Presumptive Alternative Dispute Resolution (ADR) pursuant to the Westchester County Supreme Court Presumptive Alternative Dispute Resolution Program Rules and the parties request referral to Presumptive ADR;

2. The parties have selected the following Presumptive ADR program:

- Mediation by a Judicial Hearing Officer
- Mediation by a Court Attorney-Referee
- Mediation by a mediator from the Roster

The parties have selected _____
with an address at _____
and phone number _____

[] plaintiff [] defendant has requested waiver of fees due to indigent status

- Private Mediation/Arbitration

3. The parties agree to be bound by the Westchester County Supreme Court Presumptive Alternative Dispute Resolution Program Rules.

4. The first mediation session shall take place within thirty (30) days hereof.

5. The following discovery/documentation (to the extent available and applicable to the specific case type) shall be exchanged by the parties within three (3) weeks thereof with a copy of the same to the mediator:

- Insurance information, including insurance company and policy limits
- Lien information
- Bill(s) of Particulars
- Medical reports
- Appraisals
- Contract(s)/billing statement(s)/payment history
- Pleadings and any prior court orders in matters not subject to NYSCEF
- Other _____

6. In matters referred to mediators from the Roster, the parties agree to remit payment, in the sum of \$400.00 per hour, to be shared in equal parts by participating parties, for mediation sessions requested beyond the initial ninety (90) minute free mediation session, unless otherwise agreed in writing by the parties. Parties desiring to continue mediation beyond the initial session shall enter into a written agreement for payment of such fees with the mediator prior to the second session. Parties who are exempt from such fees due to indigent status shall not be responsible for any portion of the mediator's fee. Subject to approval, mediators shall earn CLE/pro bono credit for time in mediation sessions involving indigent parties which would otherwise be compensable.

7. In matters referred to mediators from the Roster, within 3 days hereof, plaintiff shall serve the selected mediator with a copy of this Order and file proof of such service on NYSCEF.

8. Any mediator selected by the parties who declines the reference must notify the parties and the Court of same within five (5) days of receipt of this Order. To avoid an appearance, the parties may select an alternate mediator and submit a proposed Amended Stipulation via NYSCEF with the name of the alternate mediator to the Court to be so-ordered. In the event that the parties cannot agree on an alternate mediator, plaintiff shall request an immediate conference.

The contents and provisions of the foregoing proposed stipulation are agreed to, and the parties request that the Court order same.

[To be filled in by Court]

Compliance Conference: Parties/counsel for all parties shall appear at a compliance conference to report on the status of ADR in the Compliance Part on _____.
The parties are reminded that Standard & Goals expires on _____ and shall not be extended due to the pendency of presumptive ADR.

First mediation scheduled before JHO _____,
Room _____ on _____
First mediation session scheduled before Court Attorney-Referee _____,
Room _____ on _____.
Indigent status has been granted to _____.

Dated: _____

Attorneys for Plaintiff:
(Print Name) _____
(Signature) _____
Mailing Address:

Phone/Facsimile Number: _____

E-mail Address: _____

Attorneys for Defendant:
(Print Name) _____
(Signature) _____
Mailing Address:

Phone/Facsimile Number: _____

E-mail Address: _____

Attorneys for/or *pro se* party:
(Print Name) _____
(Signature) _____
Mailing Address:

Phone/Facsimile Number: _____

E-mail Address: _____

Attorneys for/or *pro se* party:
(Print Name) _____
(Signature) _____
Mailing Address:

Phone/Facsimile Number: _____

E-mail Address: _____

SO ORDERED:

Hon. Joan B. Lefkowitz, J.S.C.