

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

Plaintiff

Index No. _____

- against -

MEDIATION INITIATION
FORM

Defendant

The parties hereby confirm their selection of the following to serve as Mediator in the above-captioned case which, upon consent, has been referred to the General Civil Mediation.

Mediator: _____

Phone: _____

Email: _____

Fax: _____

The parties shall immediately forward a copy of this Mediation Initiation Form and the Order of Reference to the Mediator and notify the Program Coordinator of the Mediator selected. Within five (5) days of sending this form, the parties shall initiate a conference call with the Mediator to confirm the Mediator's acceptance of this case. The Parties shall also select a meeting date for the initial session and make arrangements for any submissions to be forwarded to the Mediator. The initial session must be held within thirty (30) days of the date the Mediator confirms acceptance of the case and the Mediation shall be completed within forty-five (45) days of that date. The Parties shall notify the Program Coordinator of the date the Mediator accepted this case and the date scheduled for the initial session.

For Plaintiff: _____

For Defendant: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____