

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF SUFFOLK  
COMMERCIAL DIVISION**

**MEDIATION DISPOSITION REPORT**

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Index No.: \_\_\_\_\_

To: Hon. \_\_\_\_\_  
(Referring Justice)

From: \_\_\_\_\_  
(Mediator)

**Mediation Held:**

Mediator: \_\_\_\_\_

Date(s) Held: \_\_\_\_\_

Who Participated: \_\_\_\_\_

Total Length of Mediation \_\_\_\_\_ (Hrs.) Fees Charged \_\_\_\_\_

Mediation Outcome: Full agreement \_\_\_\_\_  
Written agreement attached

Partial agreement \_\_\_\_\_  
Written agreement attached

No agreement \_\_\_\_\_