

**PLEASE COMPLETE AND FILE WITH THE ADR OFFICE BY FAX OR E-MAIL
BY END OF BUSINESS DAY FOLLOWING RECEIPT**

**SUPREME COURT, CIVIL BRANCH, NEW YORK COUNTY
COMMERCIAL DIVISION ADR PROGRAM**

-----X

Part

Plaintiff,
- against -

Index No.

Defendant.

ADR INITIATION FORM

[FULL CAPTION OR ATTACH COPY]

-----X

1. This case was referred to the Commercial Division Alternative Dispute Resolution Program (order of Justice
dated _____).

2. The attorneys for all parties herein are as follows (attach an additional sheet if necessary):

For Plaintiff:

For Defendant:

_____, Esq.

_____, Esq.

[Firm]

[Firm]

Phone:

Phone:

E-mail:

*

E-mail:

*

Fax:

Fax:

For Others (Attach an additional sheet if necessary):

_____, Esq.

_____, Esq.

[Firm]

[Firm]

Phone:

Phone:

E-mail:

*

E-mail:

*

Fax:

Fax:

Attorney for

Attorney for

* Required

3. Please briefly describe this case, including, if possible, the damages claimed:

4. In order that a proposed mediator may run a conflicts check as required, counsel for any corporate party must list here or on an attached sheet the names of all corporate parents, subsidiaries, or affiliates:

5. This case shall be mediated unless otherwise agreed.

6. Please indicate whether there are in this case:

Motions *sub judice*: Yes ___ No ___

Appeals: Yes No

If you indicated "Yes" to either of the foregoing, please contact an ADR Coordinator immediately.

7. Please indicate whether you consent to the presence of a mediator in training at the mediation. Yes No

8. By signing below, counsel, on behalf of their clients, certify that they have read and will comply with the ADR Rules of the Commercial Division (www.nycourts.gov/courts/ComDiv/NY/PDFs/ADR-Rules.pdf).

(Signature)

(Please print)

, Esq.

(Signature)

(Please print)

, Esq.

(Signature)

(Please print)

, Esq.

(Signature)

(Please print)

, Esq.

For further information, consult the web page at http://www.nycourts.gov/courts/ComDiv/NY/ADR_overview.shtml or contact the ADR Program (Simone Abrams, ADR Coordinator) at 212-256-7986 or sabrams@nycourts.gov
The fax number is 212-952-3772.

Do not use the E-Filing Program to communicate with the Coordinator.