

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

The Assisted Mediation Program

-vs-

Plaintiff *Pro Persona*,

Case No.

Defendant.

DECLARATION OF THE *PRO SE* PARTY

The assigned district judge or magistrate judge has determined that your case may benefit from participation in the Court's Assisted Mediation Program. The Court will provide to the attorney that will be appointed by the Court to assist you at the mediation session a copy of all pleadings filed to date. The attorney that is appointed to assist you at the mediation session will be in contact with you once the appointment has been made. The attorney will arrange a meeting with you to help prepare you for the upcoming mediation.

Please read and complete the declaration that follows:

Declaration

I, _____, am the *pro se* plaintiff in this case and understand that the Court has directed that I participate in the Assisted Mediation Program, and I declare as follows under penalty of perjury under the laws of the State of New York as follows: (Please insert your initials after reading each question)

1. **REPRESENTATION.** I am not represented by an attorney and no attorney has made an appearance for me in this case. _____(Initials)

2. **INFORMATION.** I have read and considered materials provided about the Court's Assisted Mediation Program, including Local Rule 83.6. I understand that the Program involves the Court's referral of this case into Court-annexed mediation as part of the Court's Multi-Option ADR Program. _____(Initials)

3. **MEDIATION.** I understand that the purpose of the Assisted Mediation Program is to assist the *pro se* litigant with resolving all or part of the dispute underlying their case by exploring not only the relevant evidence and law, but also the interests, needs and priorities of the parties. I further understand that the examination of the needs and interests of the parties may formally be independent of the legal issues in controversy in this case; and I further understand that referral of my case into the Assisted Mediation Program will allow for the appointment of Special Mediation Counsel with the preparation for mediation. _____(Initials)

4. **ASSISTED MEDIATION.** I understand that the Court has referred my case into the Assisted Mediation Program, and that I will be offered the assistance of a Special Mediation Counsel (appointed by the Court) to help me prepare for, participate in, and pursue follow-up to a Court-annexed mediation session. I also understand that the role of Special Mediation Counsel is only to educate and assist with my preparation for, participation in, and follow-up to the mediation session. _____(Initials)

5. **LIMITED ASSISTANCE.** I understand that the only assistance that Special Mediation Counsel may offer is to educate and assist me with preparation for mediation, and I understand and agree as follows:

- a. I understand that Special Mediation Counsel will provide no other legal service of any kind in this case, without prior written authorization by the Court to do so;

- b. I agree that the scope of Special Mediation Counsel's duties to me will be solely to educate and assist me with preparation of, participation in, and follow-up on the Court-annexed mediation;
- c. I acknowledge that Special Mediation Counsel's responsibility to help educate me about the process will not involve any control of the case or the mediation;
- d. I acknowledge and agree that the Special Mediation Counsel shall not analyze my overall legal needs, conduct an independent investigation of my case, or represent me in any manner; and
- e. I understand that Special Mediation Counsel may not advise me about the need to contact other counsel for purposes of obtaining legal advice.

_____ (initials)

6. **PRO SE STATUS.** I acknowledge that I continue to provide my own representation in this case and in the mediation, and that Special Mediation Counsel will only educate and assist me with preparation of, participation in and follow-up on the Court-annexed mediation.

_____ (Initials)

7. **NO CONTRACT.** I understand and agree that I have no contractual relationship with Special Mediation Counsel for legal or other services, and that I will enter no contract with Special Mediation Counsel during the time this case is in the Assisted Mediation Program, without a written order by the Court permitting such a contract.

_____ (Initials)

8. **ASSISTED MEDIATION PROGRAM.** I have been informed by the Court about the Assisted Mediation Program and acknowledge that I will suffer no foreseeable harm should mediation fail to resolve this case.

_____ (Initials)

9. **EVALUATION.** I agree to participate in the evaluation of the Assisted Mediation Program, and I further agree that any person authorized by the Court may, for purposes of evaluation: (1) attend the mediation session; (2) attend Court proceedings concerning the Assisted Mediation Program; and (3) attend any preparatory or follow-up meetings concerning the mediation session. I further agree that Special Mediation Counsel may respond to any inquiries about the case from any such person authorized by the Court to evaluate the Program. _____(Initials)

10. **CONCLUSION.** I confirm and acknowledge that I have carefully considered the terms of the assistance provided by the Special Mediation Counsel within the Assisted Mediation Program as set forth above, and acknowledge that by signing this Declaration, I understand the role of Special Mediation Counsel is only to provide education and assistance with my participation in the mediation process. _____(initials)

Dated: _____

By: _____
Print Name

Please file this completed Declaration with the Clerk of Court