

NORTH CAROLINA  
FORSYTH COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

**MOTION TO WAIVE  
CHILD CUSTODY MEDIATION**

NOW COMES the undersigned, pursuant to N.C.G.S. §50-13.1(c) and Rule VII of the 21<sup>st</sup> Judicial District Local Rules, and moves that mandatory mediation of the pending child custody / visitation / contempt issue be waived. In support of this motion, the undersigned, after being duly sworn, states the following (check all that apply):

- \_\_\_ The party making this Motion lives more than fifty (50) miles from the Forsyth County Hall of Justice; (\*\* Note that video mediation may be allowed. Please contact the Child Custody Mediator at (336) 779-6613.)
- \_\_\_ There is a current domestic violence protective order (50B) in place;
- \_\_\_ The parties have agreed to private mediation, subject to approval by the Court;
- \_\_\_ The other party has abused or neglected the minor child(ren) involved in this case;
- \_\_\_ The other party suffers from \_\_\_ alcoholism, \_\_\_ drug abuse, \_\_\_ abuses me;
- \_\_\_ The other party has severe psychological, psychiatric, or emotional problems;
- \_\_\_ Other good cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
(signature)

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date		Signature of Affiant
Signature of Person Authorized to Administer Oaths		
[ ] Deputy CSC [ ] Assistant CSC [ ] Clerk of Superior Court [ ] Magistrate		Name of Affiant (type of print)
SEAL [ ] Notary	Date My Commission Expires	

**CERTIFICATE OF SERVICE**

I certify that on the date of mailing shown below a copy of this Motion to Waive Custody Mediation was served on the opposing party(ies) / address for the opposing party(ies) at the address listed above by depositing a copy in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Name of Opposing Party / Opposing Counsel : \_\_\_\_\_

Address of Opposing Party / Opposing Counsel: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Opposing Party/ Opposing Counsel: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ (signature)

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

NOTE TO MOVING PARTY: The opposing party must be served with this document. The opposing party may file a responsive affidavit contesting or consenting to this Motion to Waive. If the opposing party contests this Motion to Waive, your case will be set for hearing.