STA	ATE OF NORTH CAROLI	NA		File No.			
	Cou	ınty		In The General Court Of Justice District Court Division			
Name Ar	nd Address Of Plaintiff						
				ORDER ON			
Name Ar	VERSUS and Address Of Defendant			CHILD CUSTODY MEDIATION			
Name Al.	nd Address of Defendant						
Name Ar	nd Address Of Plaintiff's Attorney		Name And A	G.S. 50-13.1 Address Of Defendant's Attorney			
reame za	a Address Of Frankin & Allomey		Name And A	nadicas of Balendani syntonicy			
the co	natter involves issues relating to child cu ourt's mediation program for custody and allow, or require, the court to waive me	d visitation disputes. The		re legally required, or have consented, to participate in has has not been a showing of good cause which			
	RDERED, pursuant to G.S. 50-13.1, tha						
	proceeding at the date, time and location	n shown below, and the	n to atten	on. The parties are ordered to attend the orientation d the first mediation session. ion session, you may be held in contempt of court.			
	Date Of Hearing Tim	me Of Hearing		Place Of Hearing			
		A	М ПРМ				
<u> </u>	For good cause shown, mediation is wa	nived.					
3.	A copy of this Order be served on the	plaintiff or plaintiff's	-				
_	<u> </u>	•		eed not be served on him/her or his/her attorney.			
5. Other: Mediation Orientation will be completed online. Each party will be contacted by e-mail with further information on							
	how to complete mediation orientation the parties will be notified by e-mail of			is Order. Once each party has completed Orientation,			
	the parties will be notified by e-mail of	i the date and time of th	C IIIItiai II	inculation session.			
	If you do not receive this information, please contact dist25.custodymediation@nccourts.org						
Date	Name Of Presiding Judge (ty	/pe or print)	S	Signature Of Presiding Judge			
l							

		CERTIFICATIO	ON OF SERVICE			
I certify that a copy of this Or	der was served by					
depositing a copy enclosed in a postpaid properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal service directed to						
defendant.	defendant. defendant's attorney.					
plaintiff.	plaintiff's attorn	ey.				
leaving a copy personally	v to					
defendant. defendant's attorney.						
plaintiff.	plaintiff's attorn	ey.				
☐ leaving a copy at the ☐ defendant's attorney's office with a partner or employee. ☐ plaintiff's attorney's office with a partner or employee.						
Other						
Date Mailed/Delivered		Signature				
			Name (type or print)			
			Title			

REFERRAL INFORMATION

Date Referred:	Fi	File No:						
Name:								
Date of Birth: Home Phone:								_
Email Address (required): _							_	
Address:								_
City:								_
Attorney:		Pho	one No:					_
Attorney Email Address								_
Attorney Address:								
City:								
CHILD(REN) (involved in th	is action)							
NAME AGE	DATE OF	BIRTH	RE	SIDES				
					Mother	()		
					Father	(
					Mother Father	()		
					Mother (<u> </u>		
					Father	()		
					Mother (
					Father	()		
					Mother	$\overline{()}$		
					Father	<u>()</u>		
Marital Status:		ried and livi		-				
		narried pare arated	ents	Date:				
		orced						
		narried		Date:				
Have you ever participated in	n mediation befo	re?			Yes _		· · · · · · · · · · · · · · · · · · ·	No
ls domestic violence an issue	ship:		Yes			_No		
Is English your primary langu If no, primary language spoke Request a court approved int	en	Ye:	S	N	0			

REFERRAL INFORMATION

Date Referred:		File No:				
Name:						
Date of Birth:						
Email Address (required):						_
Address:						
City:		State:	Zi	p:		
Attorney:		Phone No:		· · · · · · · · · · · · · · · · · · ·		
Attorney Email Address _						
Attorney Address:						
City:						
CHILD(REN) (involved in t	his action)					
Marital Status:	Marrie	d and living togetl rried parents ated	ner Date:	Mother (Father (Mother (Father (Mother)	
Have you ever participated i Is domestic violence an issu Is English your primary lang If no, primary language spok Request a court approved in	Remann Rema	rried	Date:	Yes		No No