STATE OF NORTH CAROLINA		File No.	
County			ral Court Of Justice Court Division
Name Of Plaintiff			
	RI	EPORT OF MEDIA	TOR
VERSUS Name Of Defendant	-	OR OTHER NEUTR	RAL
	IN FA	AMILY FINANCIA	L CASE
Name And Address Of Neutral		Rules Implementing Settle ibution And Other Family	
	Telephone No. Of Neutral		
INSTRUCTIONS: Complete Section I of this report if you were were ordered to conduct a neutral evaluation, judicial settlemen			
SECTION I. REPORT OF ME	EDIATED SETTLEMENT	CONFERENCE	
 The undersigned mediator reports the following results of a. A mediation was held. was not held. It 	of a mediated settlement co f not held, the reasons we		s case:
If the case was reported settled prior to mediation, pr	ovide the name of the per	son(s) who reported the	e case settled:
b. Names of parties, attorneys or others absent without	permission from the confe	erence:	
C. If the Mediation was held, give the date completed:			·
d. (i) At the Mediation the parties reached: an agree	ement on all issues.	n agreement on some is	sues. an impasse.
(ii) If the parties reached an impasse or a partial agree	ement, state what issues re	emain for trial: ali	mony. child support.
equitable distribution. post-separation su	upport. 🔲 claims arisii	ng out of contracts betv	veen the parties
pursuant to G.S. 50-20(d), 52-10, 52-10.1 or 5	52B. other (please sp	ecify)	
(iii) If the case was settled <u>before</u> or <u>at</u> mediation, the voluntary dismissal with prejudice.	· ·		sent judgment.
Name of person who is to file the document:			
Telephone number of person who will file document:	<u> </u>	Date document will be f	filed by:
2. MEDIATOR'S FEE:		Court-Appointed Mediator	Party-Selected Mediator
 Administrative Fee (Pursuant to Rule 7.B. for court a privately agreed upon.) 	ppointed mediator or	\$ 125.00	\$
b. Mediation Fee (\$125.00 per hour for time spent in con court-appointed mediator, billed in quart privately set fee for party-selected media	er hour segments, or	\$	\$
Total Time Spent In Mediated Settlement Conference(s): Hours	Minutes		
 c. Postponement Fee (Pursuant to Rule 7.E. for court apprivately agreed upon.) 	opointed mediator or	\$	
	TOTAL FEE	\$	\$

Name Of Party Owing Balance		Address Of Party	Amount Of Balance
ame of any party	filing motion for relief from obl	igation to pay mediator's fee: (attach motion for relie	ef)
have filed this rep eing advised by a	ort with the Court as required of party that this case settled bef	within ten (10) days after conclusion of the conferent fore the date scheduled for mediation.	ace or within ten (10) days o
	Name Of Mediator (Type Or		
		REPORT OF NEUTRAL EVALUATION/ IT CONFERENCE/OTHER SETTLEMENT PROCEDU	IRE
		ing a settlement conference, or other neutral reports	
•		ther settlement procedure authorized by local rule or nent conference,	
	•	ement procedure" box was checked, specify other pro-	3
The ordered nea	utral evaluation/judicial settleme	ent conference/other settlement procedure	was held. was not held
	•	,	
	reported settled prior to the new person(s) who reported the cas	utral evaluation, judicial settlement conference, or othese settled:	ner procedures, provide the
	•	Ference/other settlement procedure was completed:	
		g.	
Mariles of partie	s, attorneys or others attending	g:	
. Names of partie	s, attorneys or others absent w	vithout permission:	
(i) The parties re	eached: an agreemen	it on all issues. an agreement on some iss	ues. impasse.
equitable	·	ration support.	alimony. child supports between the parties
		tion, the following document is to be filed: voluntary dismissal without prejudice.	consent judgment.
Name of person	who is to file the document:		
Date document	will be filed by:	Telephone number of person to file document	·
		10) days of the conclusion of the settlement proceduthat this case settled before the date scheduled for the	
		Signature	