

FILE NO. _____

Assigned Judge: _____

_____, Plaintiff,
v.
_____, Defendant.

CUSTODY MEDIATION COVER SHEET

1. Have the parties previously attended a group orientation? YES NO
2. Have the parties previously attended custody/visitation mediation? YES NO
3. Is there a pending or resolved civil or criminal domestic violence case involving the same parties in North Carolina or any other State? YES NO
If yes, you must attach a copy of all civil or criminal domestic violence restraining orders.
4. Do either of the parties need an interpreter to be present at the group orientation and/or mediation session? YES NO
If yes, what language(s) does the party speak? _____

Instructions: please COMPLETELY fill out the contact information for both parties and attorneys

Plaintiff's Address:	Defendant's Address:
Plaintiff's Telephone Number (optional):	Defendant's Telephone Number (optional):
Plaintiff's Email Address (optional):	Defendant's Email Address (optional):
Attorney for Plaintiff's Name and Address:	Attorney for Defendant's Name and Address:
Attorney for Plaintiff's Telephone Number:	Attorney for Defendant's Telephone Number:

Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant |
| <input type="checkbox"/> Attorney for Plaintiff | <input type="checkbox"/> Attorney for Defendant |

CUSTODY MEDIATION/FAMILY COURT OFFICE USE ONLY

Orientation Date:	Mediation Date:
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