

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

Name And Address Of Plaintiff(s)

**MOTION TO WAIVE MEDIATION OF ISSUES
FROM MOTION TO MODIFY, ENFORCE, OR
TERMINATE POST-ADOPTION CONTACT
AGREEMENT AND ORDER****VERSUS**

Name And Address Of Defendant(s)

G.S. 7B-909.3(a)

Name And Address Of Attorney For Plaintiff(s)

Name And Address Of Attorney For Defendant(s)

MOTION

The undersigned party moves that mediation of issues raised in the motion to modify, enforce, or terminate through the custody mediation program be waived, and in support of the motion states the following good cause:
(state facts and considerations to show why mediation should be waived)

I UNDERSTAND THAT I WILL HAVE TO APPEAR IN COURT AND OFFER EVIDENCE TO SUPPORT THE STATEMENTS I HAVE CHECKED ABOVE.

Date

Name Of Movant (type or print)

☐

Plaintiff

Signature Of Movant

☐

Defendant

NOTICE OF HEARING**NOTICE TO THE DEFENDANT(S)/PLAINTIFF(S):**

You are hereby notified that this Motion To Waive Mediation will be heard on the date, time and at the location set out below. You must be present if you wish to be heard.

Date Of Hearing

Time Of Hearing

☐

AM

☐

PM

Place Of Hearing

Name Of Movant (type or print)

Signature Of Movant

NOTE TO MOVING PARTY: Obtain from the Clerk a date, time, and location for a hearing on this Motion. Fill in that information in the Notice of Hearing section above. Date and sign the Notice of Hearing and serve a copy on each party. Complete the Certificate of Service on Side Two and file the original with the Clerk.

(Over)

CERTIFICATE OF SERVICE	
I certify that this Motion and Notice was served on the other parties as follows:	
PLAINTIFF 1:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><i>Date Served</i></div> <div style="width: 45%;"><i>Name Of Person Served</i></div> </div>
<input type="checkbox"/> By sending it by email from ICMS/File & Serve to <div style="margin-left: 20px;"> <input type="checkbox"/> plaintiff's attorney at an email address of record with the court, specifically: _____ <input type="checkbox"/> plaintiff at an email address of record with the court in the case <i>(only if a consent to receive service by electronic filing or case management system is filed with the court)</i>, specifically: _____ </div> <input type="checkbox"/> By sending it by email to plaintiff's attorney at an email address of record with the court in the case <i>(use when the court's electronic filing or case management system is not available)</i> , specifically: _____ <input type="checkbox"/> By sending it by email to plaintiff at an email address of record with the court in the case <i>(only if a consent to receive email at this address is filed with the court)</i> , specifically: _____ <input type="checkbox"/> By depositing it in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to plaintiff at the address shown above for that person. <input type="checkbox"/> By hand delivery to plaintiff. <input type="checkbox"/> Other manner of service: _____	
PLAINTIFF 2:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><i>Date Served</i></div> <div style="width: 45%;"><i>Name Of Person Served</i></div> </div>
<input type="checkbox"/> By sending it by email from ICMS/File & Serve to <div style="margin-left: 20px;"> <input type="checkbox"/> plaintiff's attorney at an email address of record with the court, specifically: _____ <input type="checkbox"/> plaintiff at an email address of record with the court in the case <i>(only if a consent to receive service by electronic filing or case management system is filed with the court)</i>, specifically: _____ </div> <input type="checkbox"/> By sending it by email to plaintiff's attorney at an email address of record with the court in the case <i>(use when the court's electronic filing or case management system is not available)</i> , specifically: _____ <input type="checkbox"/> By sending it by email to plaintiff at an email address of record with the court in the case <i>(only if a consent to receive email at this address is filed with the court)</i> , specifically: _____ <input type="checkbox"/> By depositing it in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to plaintiff at the address shown above for that person. <input type="checkbox"/> By hand delivery to plaintiff. <input type="checkbox"/> Other manner of service: _____	
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DEFENDANT 2:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"><i>Date Served</i></div> <div style="width: 45%;"><i>Name Of Person Served</i></div> </div>
<input type="checkbox"/> By sending it by email from ICMS/File & Serve to <div style="margin-left: 20px;"> <input type="checkbox"/> defendant's attorney at an email address of record with the court, specifically: _____ <input type="checkbox"/> defendant at an email address of record with the court in the case <i>(only if a consent to receive service by electronic filing or case management system is filed with the court)</i>, specifically: _____ </div> <input type="checkbox"/> By sending it by email to defendant's attorney at an email address of record with the court in the case <i>(use when the court's electronic filing or case management system is not available)</i> , specifically: _____ <input type="checkbox"/> By sending it by email to defendant at an email address of record with the court in the case <i>(only if a consent to receive email at this address is filed with the court)</i> , specifically: _____ <input type="checkbox"/> By depositing it in a post-paid, properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to defendant at the address shown above for that person. <input type="checkbox"/> By hand delivery to defendant. <input type="checkbox"/> Other manner of service: _____	
<i>Name Of Movant (type or print)</i>	<i>Signature Of Movant</i>