S	TATE OF NORTH CAROLINA	File No.				
County		In The General Court Of Justice Superior Court Division				
Name Of Plaintiff(s)		REPORT OF				
VERSUS		MEDIATOR IN SUPERIOR				
Name Of Defendant(s)		COURT CIVIL ACTION				
Van	ne And Address Of Mediator	G.S. 7A-38.1; Rule 6.B(4) of the Rules Implementing Statewide Mediated Settlement Conferences and Other Settlement Procedures in Superior Court Civil Actions				
		Telephone No. Of Mediator	Fax No. Of Mediator (If Applicable)			
	The undersigned mediator reports the following results of a med voluntarily conducted in this case: a. Conference was held was not held. b. If held, date conference was completed: c. If not held, the reasons were: If the case was reported settled prior to or during a recess of the					
	case settled:					
4.	The parties reached an: agreement on all issues. imp If the case was settled, then, as required by MSC Rule 6.B(4) that closing documents be filed with the court within 30 days of selection before expiration of the mediation deadline, whichever is longer. a. consent judgment. voluntary dismissal with prejudic b. Name, address, email, and telephone number of party or attribute. Name: Address: Telephone number: () Em Names of those who attended the conference:	o(b), the mediator has advised the prettlement (or 90 days if a State or powerflowing closing document is the compound of the closing document is the closing document is to file the closing document in the closing document	olitical subdivision is involved) or o be filed: prejudice. ment:			
	Name		y, attorney, insurance ve, lienholder, or other)			
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Name	Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)						
	MEDIATO	OR'S FEE					
					Appointed ediator	Party-Se Medi	
ADMINISTRATIVE FEE (MSC RULE 7.B or a	rty-selected me	ediator)	\$	150.00	\$		
MEDIATION FEE (MSC RULE 7.B: \$150.00 per hour for time appointed mediator, billed in quarter hour segments, or privately so							
Total Time Spent in Mediated Settlement Cor		•	\$		\$		
POSTPONEMENT/CANCELLATION FEE (M selected mediator)	ately agreed wi	th party-	\$		\$		
,	TOTAL	FEE	\$		\$		
All fees of the mediator have been paid, exce	ept as follows:			1,		1,	
Name Of Party Owing Balance	Address Of Party					Amount Of	Balance
						\$	
						\$	
						\$	
			\$				
Name of any party filing Petition For Relie	f From Obligation To I	Pay Mediator	's Fee: (Ple	ease attach	Petition For	Relief.)	
						(40)	
I have filed this report with the Court as requi advised by a party that this case settled before							f being