STATE OF NORTH CAROLINA	File No.			
County	In The General Court Of Justice Superior Court Division			
VERSUS Name Of Defendant(s)	REPORT OF MEDIATOR IN SUPERIOR COURT CIVIL ACTION			
Name And Address Of Mediator	G.S. 7A-38.1; Rule 6(b)(4) of the Rules for 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 ordered or 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:				
2. If the case was reported settled prior to or during a recess of the case settled:				
involved) or before expiration of the mediation deadline, whicheval. a. consent judgment. voluntary dismissal with prejudic b. Name, address, email, and telephone number of party or att Name: Address:	c)(b), the mediator has advised the parties that MSC Rule 4(c) days of settlement (or 90 days if a State or political subdivision is ver is longer. The following closing document is to be filed: e. voluntary dismissal without prejudice. orney who is to file the closing document:			
Name	Affiliation (e.g., party, attorney, insurance			
	company representative, lienholder, or other)			

Name		Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)					
		MEDIA	TOR'S FEE				
					Court-Appointed Mediator	Party-Selected Mediator	
ADMINISTRATIVE FEE (MSC Rule 7(b) or as privately agreed with party-			arty-selected med	iator)	\$ 150.00	\$	
MEDIATION FEE (MSC Rule 7(b): \$150.00 per hour for time spent in conappointed mediator, billed in quarter hour segments, or privately set fee for page 1.00 per hour for time spent in conappointed mediator, billed in quarter hour segments, or privately set fee for page 1.00 per hour for time spent in conappointed mediator, billed in quarter hour segments.					\$	\$	
Total Time Spent in Mediated Settlement Conference(s): Ho			Hours	_ Minutes			
POSTPONEMENT/CANCELLATION FEE (MSC Rule 7(e) or as privately a selected mediator)			vately agreed with	party-	\$	\$	
TOTAL FEE				FEE	\$	\$	
All fees of the mediator have been paid, except as follows:							
Name Of Party Owing Balance			Address Of	Address Of Party		Amount Of Balance	
						\$	
						\$	
						\$	
						\$	
Name of any party filing Petition For Relief From Obligation To Pay Mediator's Fee: (Please attach Petition For Relief.)							
I have filed this report with the Court as required within ten (10) days after conclusion of the conference or within ten (10) days of being advised by a party that this case settled before the date scheduled for mediation or during a recess of the conference.							
Date	Name Of Mediator (type						