

_____ County

Name Of Plaintiff(s)

VERSUS

Name Of Defendant(s)

Name And Address Of Mediator

**REPORT OF
MEDIATOR IN SUPERIOR
COURT CIVIL ACTION**

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)

1. The undersigned mediator reports the following results of a mediated settlement conference either
 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 conference, provide the name(s) of the person(s) who reported the case settled: _____
3. The parties reached an: agreement on all issues. impasse.
4. If the case was settled, then, as required by MSC Rule 6(b)(4)(b), the mediator has advised the parties that MSC Rule 4(c) requires that closing documents be filed with the court within 30 days of settlement (or 90 days if a State or political subdivision is involved) or before expiration of the mediation deadline, whichever is longer. The following closing document is to be filed:
 - a. consent judgment. voluntary dismissal with prejudice. voluntary dismissal without prejudice.
 - b. Name, address, email, and telephone number of party or attorney who is to file the closing document:
 Name: _____
 Address: _____
 Telephone number: (_____) _____ - _____ Email Address: _____
5. Names of those who attended the conference:

Name	Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)

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MEDIATOR'S FEE		
	Court-Appointed Mediator	Party-Selected Mediator
ADMINISTRATIVE FEE (MSC Rule 7(b) or as privately agreed with party-selected mediator)	\$ 175.00	\$
MEDIATION FEE (MSC Rule 7(b): \$150.00 per hour for time spent in conference for court-appointed mediator, billed in quarter hour segments, or privately set fee for party-selected mediator) Total Time Spent in Mediated Settlement Conference(s): _____ Hours _____ Minutes	\$	\$
POSTPONEMENT/CANCELLATION FEE (MSC Rule 7(e) or as privately agreed with party-selected mediator)	\$	\$
TOTAL FEE 	\$	\$

All fees of the mediator have been paid, except as follows:

Name Of Party Owing Balance	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 or print)	Signature Of Mediator
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