STATE OF NORTH CAROLINA			File No.		
_		County			eneral Court Of Justice trict Court Division
Name	e Of Plaintiff				
Name	e And Address Of Plaintiff's Attorn	ney (or Pro Se Plaintiff)			
Telen	hone No.	Fax No. (if applicable)		DESIGNATION (
				IN FAMILY FINA	ANCIAL CASE
Plain	tiff's Attorney's Email Address (or	r Pro Se Plaintiff's Email Address)	NOTIC	below, sign on the re	only one of the three Sections verse, file with the Court, and
		VERSUS		distribute copies as n	noted below.
Name	e Of Defendant				
Name	e And Address Of Defendant's At	torney (or Pro Se Defendant)			
				G.S. 7A-38.4A; Rule 2 of in District Court Family F	f the Rules for Settlement Procedures inancial Cases
Telephone No.		Fax No. (if applicable)	Deadline For Completion Of Settlement Procedure		
Defe	ndant's Attorney's Email Address	(or Pro Se Defendant's Email Address)	Tentative Trial Da	nte	
$\overline{}$	SECTION 4 NOTICE O	F DESIGNATION OF CERTIFIED ME	DIATOR BY A		
	The parties have selecte	d the mediator named below who has n District Court Family Financial Cases	agreed to serve		rtified pursuant to the Rules for
	Name And Address Of Certified				Telephone No.
					Fax No.
	Mediator's Email Address				
	The parties and the med agreement.)	iator have agreed upon the mediator's	rate of compen	sation as follows: (Spe	cify all terms of the compensation
	www.NCDRC.gov.	or selection, the NC Dispute Resolution Co Click on "Find a Mediator" from the left-hand mediators by name or by judicial district. O ility listing.	I menu then click	on "Family Financial Sett	lement Mediators (District Court)."
	After a full and frank disc Pursuant to Rule 2(b) of	FOR COURT APPOINTMENT OF MED cussion, the parties have been unable the Rules for Settlement Procedures in tor to conduct the mediated settlement	o agree upon the District Court F		
		SIGN	IATURE	_	
Date		Name Of Plaintiff's Attorney (or Pro Se Plaintiff)		Signature Of Plaintiff's Atto	orney (or Pro Se Plaintiff)
Date		Name Of Defendant's Attorney (or Pro Se Defendant) (or	ndant)	Signature Of Defendant's	Attorney (or Pro Se Defendant)
		1		1	
	Oı		ant Copy-Media	ator Copy-Judge or De	esignee

	ORI	DER OF APPOINTMENT
	having reported their failure to agree upor	the designation of a mediator, or the parties having failed to notify the court of rt appoints the following certified mediator to conduct the mediated settlement
Name And Add	dress Of Certified Mediator	Telephone No.
		Fax No.
Mediator's Em	ail Address	
ate	Name Of Judge (type or print)	Signature Of Judge
	TENTATI	VE CALENDARING NOTICE
	endar, should settlement not be reached.	schedule adopted by the Court. Final calendar notices will be provided through
	CEF	TIFICATE OF SERVICE
was served on t	he above-selected mediator and the parti	of the foregoing Designation of Mediator in the matter before the district court es at the addresses below by placing a copy of the same in the United States the mediator and parties served in the spaces below. Attach additional sheets if necessary.
lediator		Party Or Attorney
Party Or Attorney		Party Or Attorney
Party Or Attorney		Party Or Attorney
Party Or Attorney		Party Or Attorney

NOTE TO MEDIATOR: The mediator shall be responsible for reserving a place and making arrangements for the conference and giving timely notice to all attorneys and unrepresented parties of the time and location of the conference. The mediated settlement conference shall be completed by the completion deadline set forth on Side One, and the mediator shall report the results of the conference to the court within ten (10) days after the conference is completed or within ten (10) days of being advised by a party that the case settled or was otherwise disposed of prior to the mediation.