

**STATE OF NORTH CAROLINA**

File No. \_\_\_\_\_

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

\_\_\_\_\_ County

Name Of Petitioner

**VERSUS**

Name Of Respondent/Decedent

Name And Address Of Mediator

**REPORT OF  
MEDIATOR IN CLERK  
PROGRAM MEDIATION**G.S. 7A-38.3B; Rule 6(b)(4) of the Rules of Mediation  
for Matters Before the Clerk of Superior Court

Telephone No. Of Mediator

- The undersigned mediator reports the following results of a mediation ordered in this case:
  - Mediation ☐ was held. ☐ was not held.
  - If held, date mediation was completed: \_\_\_\_\_
  - If not held, the reasons were: \_\_\_\_\_
- If the matter was reported settled prior to or during a recess of the mediation, provide the name(s) of the person(s) who reported the matter settled: \_\_\_\_\_
- Names of parties, attorneys, interested persons, fiduciaries, or others who attended the conference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- The participants reached an: ☐ agreement on all issues. ☐ agreement on some issues. ☐ impasse.
- If the matter was settled and is resolved by the agreement, the following document is to be filed:
  - ☐ consent judgment. ☐ voluntary dismissal with prejudice. ☐ voluntary dismissal without prejudice.
  - Name, address, email, and telephone number of party or attorney who is to file the closing document:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_
  - Date by which closing document will be filed: \_\_\_\_\_  
**\*NOTE:** Closing documents shall be filed within 10 days or before expiration of the mediation deadline, whichever is longer. Rule 4(b)(1).
  - Signature of party or attorney who will file closing document: \_\_\_\_\_  
**\*NOTE:** A signature is required above only if the case settles during mediation and the party/attorney is present.
- If an agreement or partial agreement was reached in an estate, guardianship or other matter requiring Clerk review, the written agreement or partial agreement is attached to this report and offered to the Clerk pursuant to Rule 4(b)(2).

**MEDIATOR'S FEE**

|                                                                                                                                                                                                                                                              | <b>Court-Appointed Mediator</b> | <b>Party-Selected Mediator</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| ADMINISTRATIVE FEE (CMP Rule 7(b) or as privately agreed with party-selected mediator)                                                                                                                                                                       | \$ 150.00                       | \$                             |
| MEDIATION FEE (CMP 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.)<br>Total Time Spent in Mediation: _____ Hours _____ Minutes | \$                              | \$                             |
| POSTPONEMENT/CANCELLATION FEE (CMP Rule 7(f) or as privately agreed with party-selected mediator)                                                                                                                                                            | \$                              | \$                             |
| Out-of-Pocket Or Other Agreed Upon Fees (not applicable to Clerk-appointed Mediator)                                                                                                                                                                         | \$                              | \$                             |
| <b>TOTAL FEE</b>                                                                                                                                                                                                                                             | \$                              | \$                             |

Original-Clerk Copy-Petitioner Copy-Respondent Copy-Other Ordered Persons/Entities  
(Over)

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

| Name Of Party Owing Balance | Address Of Party | Amount Of Balance |
|-----------------------------|------------------|-------------------|
|                             |                  | \$                |
|                             |                  | \$                |
|                             |                  | \$                |
|                             |                  | \$                |

☐ No mediator or other fees have been apportioned or paid. Mediator, therefore, advises the Clerk of the need for apportionment of all fees above, pursuant to Rule 7(c).

☐ **Name of any person(s)/entity(ies) filing Petition For Relief From Obligation To Pay Mediator's Fee:**  
(Please attach Petition for Relief.)

\_\_\_\_\_

\_\_\_\_\_

I have submitted this Report to the Clerk as required within five (5) days after conclusion of mediation.

|      |                                  |                       |
|------|----------------------------------|-----------------------|
| Date | Name Of Mediator (type or print) | Signature Of Mediator |
|------|----------------------------------|-----------------------|