

COVER SHEET FOR CUSTODY MEDIATION

STATE OF NORTH CAROLINA Judicial District 16B Robeson County	File Number: _____ CVD _____ In The General Court of Justice District Court Division
Plaintiff(s): Address: Date of Birth:	Day Phone: Night Phone: Email:
Plaintiff's Attorney: Address:	Phone: FAX:
Defendant(s): Address: Date of Birth:	Day Phone: Night Phone: Email:
Defendant's Attorney: Address:	Phone: FAX:

Marriage Date: _____ Parties Never Married: _____ Separation Date: _____

CHILDREN:

NAME	AGE	DOB	PERSON CHILD RESIDES WITH	RELATIONSHIP

Signature: _____ Date: _____