

**STATE OF NORTH CAROLINA**

IN THE GENERAL COURT OF JUSTICE

**COUNTY OF WAKE**

JUVENILE COURT DIVISION

FILE NO. \_\_\_\_\_

**In the Matter Of:**

**NOTICE OF MEDIATION SESSION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Mediator (s):**

\_\_\_\_\_  
\_\_\_\_\_

**Name of Respondent(s)**

\_\_\_\_\_  
\_\_\_\_\_

**Date & Time of Mediation**

\_\_\_\_\_

**Location:**

**Street & Room #**

**Phone:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL PARTIES TAKE NOTICE** that the person(s) named above has (have) been appointed mediator in this case, and a mediation session will be held at the date, time, and place shown above.

The mediation session must be held on that date or prior to the next scheduled court date. Any continuance beyond the above legal review date may be granted only by a judge upon written motion and a showing of a strong and compelling reason to do so.

Failure to appear for and attempt the mediation may result in contempt.

If you have any questions concerning the scheduling of this mediation, please contact the person named below.

Date of Notice:	Signature:
Phone:	Name of Family Court Staff (print):

**CERTIFICATE OF SERVICE**

I certify that a copy of this Notice was served by  depositing a copy in a postpaid property addressed envelope in a post office or official depository under the exclusive care and custody of the US Postal Service or the  DSS court liaison,  courthouse box or  email, directed to:

- Respondent(s)
- DSS SW
- Other \_\_\_\_\_
- Respondent(s) Attorney
- GAL Attorney & GAL
- DSS Attorney

Date Served: \_\_\_\_\_

\_\_\_\_\_  
Family Court Staff