

STATE OF NORTH CAROLINA
COUNTY OF UNION

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

___ CVD ___

PLAINTIFF

VS.

**MOTION FOR WAIVER OF
MEDIATION AND ALTERNATIVE
DISPUTE RESOLUTION**

DEFENDANT

The undersigned requests a waiver of Alternative Dispute Resolution, including Mediation, in the above-captioned case that involves the following issues:

- Alimony, without Equitable Distribution
- Retroactive Child Support
- Child Support that exceeds the current Guidelines Maximum
- Specific Performance of Separation Agreements
- Prenuptial Agreements Post Nuptial Agreements
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based upon the following:

- Undue hardship as set forth below
- There are allegations of alcoholism, drug abuse, or domestic abuse
- There are allegations of severe psychological, psychiatric, or emotional problems
- The party resides more than fifty miles from the court
- Other good cause

The facts upon which this request for waiver is based are:

The undersigned requests does not request an evidentiary hearing on the motion.

This the _____ day of _____, 20_____.

 Plaintiff Attorney for Plaintiff
 Defendant Attorney for Defendant

Note to Opposing Party: You have seven days from receiving this motion to file any response.

Domestic abuse refers to acts of intimidation, harassment, coercion or violence perpetrated by an intimate partner against a current or former intimate partner. Nonphysical acts of domestic abuse include but are not limited to emotional abuse, isolation, threats, and the use of gender privilege. Physical acts include but are not limited to pushing, shoving, choking, slapping, hitting, using weapons, and physically detaining. These acts serve to maintain the abuser's power and control over the abused person.

Certificate of Service

I certify that I served the above Notice by:

delivering a copy personally to:

Name of Person(s) and Place Served:	Name of Person(s) and Place Served:
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depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

Name of Person(s) and Place Served:	Name of Person(s) and Place Served:
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Date of Service: _____

Signature of Person Serving Notice: _____