

**MEDIATED SETTLEMENT CONFERENCE FORM**  
**Family Financial Mediation – Fourth Judicial District**

**INSTRUCTIONS:** In compliance with District 4 Local Rule 1C(1) Implementing Settlement Procedures in Equitable Distribution and Other Family Financial Cases, attorneys for the parties or pro se parties shall confer, agree on the relevant information, complete this form **in its entirety** and return it to the Trial Court Coordinator (TCC) at the address below within 90 days of the date that a pleading was filed alleging the issues of alimony or equitable distribution. Be advised that the failure to timely agree, complete and return this form will result in the TCC selecting the mediator and completing the scheduling order without your input.

1. CASE NAME: \_\_\_\_\_
2. CASE #: \_\_\_\_\_
3. COUNTY: \_\_\_\_\_
4. ATTORNEY FOR PLAINTIFF: \_\_\_\_\_
5. ATTORNEY FOR DEFENDANT: \_\_\_\_\_
6. AGREED UPON METHOD OF DISPUTE RESOLUTION OTHER THAN MEDIATION, IF ANY: \_\_\_\_\_
7. HAVE THE MEDIATOR AND OPPOSING PARTIES AGREED UPON MEDIATOR SELECTION AND RATE OF COMPENSATION:  YES  NO
8. DESIGNATED MEDIATOR: \_\_\_\_\_
9. MEDIATOR'S ADDRESS AND TELEPHONE #: \_\_\_\_\_  
\_\_\_\_\_
10. RATE OF MEDIATOR COMPENSATION: \_\_\_\_\_ PER \_\_\_\_\_
11. MEDIATION DATE SCHEDULED?  YES  NO
12. DATE: \_\_\_\_\_

\* \* \*

Name/Address/Phone of Person Submitting Form: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send the completed form to: Darlene Wolf, Trial Court Coordinator,  
Sampson County Courthouse Annex, 119 West Main St., Clinton, NC 28328;  
Telephone: 910-592-7419; Facsimile: 910-592-4258**