

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 Judicial Assistant II (JA II) 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 JA II 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: Jennifer Harrell, Judicial Assistant II,
Sampson County Courthouse, 101 East Main St., Clinton, NC 28328;
Telephone: 910-596-6673; Facsimile: 910-596-6613**