

STATE OF NORTH CAROLINA

File No.



_____ County

In The General Court Of Justice
District Court Division

Name of Plaintiff

VERSUS

Name of Defendant

**FFMS ATTORNEY'S
CERTIFICATE OF SERVICE**

I certify that on the date of mailing shown below, a filed copy of the following documents were served on the following persons at the addresses listed below by depositing a copy in a postage-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Documents

- Designation of Mediator in Family Financial Case (AOC-CV-825)
- Order for Mediated Settlement Conference in Family Financial Case (AOC-CV-824)

**Mediator
Name and Address**

- Plaintiff Attorney Plaintiff
- Defendant Attorney Defendant

Date of Mailing:

Date of Certification:

- Plaintiff Attorney
- Defendant Attorney