

**STATE OF NORTH CAROLINA**  
**NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS**

**CUSTODY MEDIATION INTAKE FORM**

**Please complete both sides.**

County Where Case Is Filed	Case File Number _____ CVD _____
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Will you or the other party need an interpreter?  Yes  No If yes, what language? \_\_\_\_\_

Today's Date	Full Name	Date Of Birth
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Mailing Address	City	State	Zip
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Home Telephone No. (including area code)	Cell No. (including area code)
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Email Address	Highest Level Of Education Completed
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Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	Work Telephone No. (including area code)
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Job Title	Work Schedule
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Which is the best number for the mediator to reach you?  Home  Cell  Work  Other: \_\_\_\_\_

On which number(s) can the mediator leave a message?  Home  Cell  Work  Other: \_\_\_\_\_

Full Name Of The Other Party In This Dispute	Telephone No.	Email Address
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The Other Party's Mailing Address	City	State	Zip
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List the child(ren) in this custody dispute:

Child's Full Name	Date Of Birth	Age	Grade	Gender	Child Lives With

What is your relationship with the child(ren) in this dispute? (check one)

- Biological Mother  
  Biological Father  
  Grandmother  
  Grandfather  
 Adoptive Mother  
  Adoptive Father  
  Other \_\_\_\_\_

Are children from other relationships living with you?  Yes  No  Sometimes

Are you and the other party currently living together?  Yes  No  Sometimes

Relationship status: (check all that apply)

- We never lived together.  
  We previously lived together.  
  We are married and separated.  
  We are divorced.  
 We were never married.  
  I am living with a new partner.  
  Other: (please specify) \_\_\_\_\_

When did you stop living together? (approximate date) \_\_\_\_\_

What are you hoping to achieve in mediation? \_\_\_\_\_

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(Over)

Is there an existing order in place pertaining to custody (including one from another state, county, or juvenile court) that you are hoping to revise or amend?  Yes  No

If yes, please provide details about the order (case number, county, state, etc.): \_\_\_\_\_

Everyone disagrees and argues with family and friends now and then. What happens when you and the other party involved in mediation disagree or argue? \_\_\_\_\_

Is there a current or expired Domestic Violence Protective Order or other type of no-contact order between you and the other party?

Yes  No

If yes, what type of no-contact order and when does it expire? \_\_\_\_\_

Have there been any criminal cases involving you and the other party?

Yes  No

If yes, what type? (e.g., trespassing, assault, etc.) \_\_\_\_\_

What was the outcome? (e.g., dismissal, acquittal, guilty) \_\_\_\_\_

Has Child Protective Services ever investigated the safety of your children?

Yes  No

If yes, what date(s) did the investigation begin and end? \_\_\_\_\_

I fear for my safety around the other party.

Yes  No

I fear for my children's safety with the other party.

Yes  No

I have concerns about the other party's drug/alcohol abuse.

Yes  No

If yes to any of the above, please describe: \_\_\_\_\_

Has the other party threatened you with a weapon?

Yes  No

If yes, what happened as a result? \_\_\_\_\_

Has the other party threatened to hurt:  you  himself/herself  the children  a family pet?  No threats were made.

If threatened, what happened as a result? \_\_\_\_\_

Has the other party been violent towards you?

Yes  No

If yes, what happened as a result? \_\_\_\_\_

**Fill in this section completely.**

For the six (6) months before this action was filed:

The plaintiff lived in (name of state) \_\_\_\_\_

The defendant lived in (name of state) \_\_\_\_\_

The child(ren) lived in (name of state) \_\_\_\_\_

Name Of Attorney Of Record

Mailing Address

City

State

Zip

Attorney's Telephone No. (including area code)

Attorney's Fax No. (including area code)