

COVER SHEET FOR CUSTODY MEDIATION

STATE OF NORTH CAROLINA  Judicial District 19D Hoke County	File Number:  In The General Court of Justice District Court Division
<b>Plaintiff(s):</b>  <b>Mailing Address:</b>  <b>Date of Birth:</b>	<b>Day Phone:</b>  <b>Night Phone:</b>  <b>Email:</b>
<b>Plaintiff's Attorney:</b>  <b>Address:</b>	<b>Phone:</b>  <b>FAX:</b>
<b>Defendant(s):</b>  <b>Mailing Address:</b>  <b>Date of Birth:</b>	<b>Day Phone:</b>  <b>Night Phone:</b>  <b>Email:</b>
<b>Defendant's Attorney:</b>  <b>Address:</b>	<b>Phone:</b>  <b>FAX:</b>

Online Orientation or Mediation Requested ( ) Reason for Request \_\_\_\_\_

Is an Interpreter needed for a participant? \_\_\_\_\_ What Language \_\_\_\_\_

**CHILDREN:**

NAME	AGE	M/F	DOB	CHILD RESIDES WITH	RELATIONSHIP

Marriage Date: \_\_\_\_\_ Parties Never Married: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Is there an active DV Protective Order \_\_\_\_\_  
 (Bring Copy of DV Order to Mediation Session)

Is DSS currently involved \_\_\_\_\_

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

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