

Assigned Judge: \_\_\_\_\_

|                      |
|----------------------|
| _____,<br>Plaintiff, |
| v.                   |
| _____,<br>Defendant. |

**CUSTODY MEDIATION COVER SHEET**

1. Have the parties previously attended a group orientation?  YES  NO
2. Have the parties previously attended custody/visitation mediation?  YES  NO
3. Is there a current, unexpired civil or criminal domestic violence order involving the same parties in North Carolina or any other State?  YES  NO
4. If yes, what is the file number? \_\_\_\_\_
5. Do either of the parties need an interpreter?  YES  NO
6. Which party needs an interpreter?  Plaintiff  Defendant
7. What language(s) does the party speak? \_\_\_\_\_

**Instructions: Please COMPLETELY fill out the contact information for both parties and attorneys. All boxes must be completed for orientation and/or mediation to be scheduled.**

|  |  |
|--|--|
| Plaintiff's Address:                       | Defendant's Address:                       |
| Plaintiff's Telephone Number:              | Defendant's Telephone Number:              |
| Plaintiff's Email Address:                 | Defendant's Email Address:                 |
| Attorney for Plaintiff's Name and Address: | Attorney for Defendant's Name and Address: |
| Attorney for Plaintiff's Telephone Number: | Attorney for Defendant's Telephone Number: |

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

Plaintiff                       Defendant  
 Attorney for Plaintiff       Attorney for Defendant

| CUSTODY MEDIATION/FAMILY COURT OFFICE USE ONLY |                 |
|--|-----------------|
| Orientation Date:                              | Mediation Date: |