

NORTH CAROLINA  
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.

Assigned Judge:

_____ , Plaintiff,
v.
_____ , Defendant.

**ORDER TO ATTEND**

**Custody/Visitation Orientation**

**Mediation Session**

(A copy of this form **MUST** be sent by the Moving Party to the Responding Party and it shall operate as both Parties' Order to Attend)

**THIS MATTER comes before the undersigned Judge of the District Court, and the Court hereby FINDS that pursuant to N.C.G.S. §50-13.1, the child custody and/or visitation issues in this case have been referred to mandatory custody mediation, and ORDERS that:**

- The parties named above are to appear for orientation on **Wednesday**, \_\_\_\_\_ at **10:00 a.m. in Room 1113 on the 11th floor** of the Wake County Courthouse, 316 Fayetteville Street, Raleigh, North Carolina. Arrive on time and allow **three hours** for the orientation.
- The parties named above are to appear for mediation on \_\_\_\_\_ at \_\_\_\_\_ **a.m. / p.m.** in the **Custody Mediation Office** on the **6<sup>th</sup> floor** (next to the Courthouse Deli), Wake County Courthouse, 316 Fayetteville Street, Raleigh, North Carolina. Arrive on time and allow **two hours** for your mediation session. Mediation will not take place unless all parties listed in the above caption are present at this appointment time.

Only the plaintiff(s) and defendant(s) listed in the caption above are allowed to be at orientation or mediation. No children, family, friends, personal interpreters (unless court approved) or attorneys may attend. At orientation, the Wake County Custody Mediators will explain the mediation process, answer questions and schedule your mediation session. At the mediation session, you can settle your custody case quickly and at no cost to you. Mediation is structured, private and confidential. Mediation keeps you focused on the best interests of your children and allows you to make important legal decisions regarding your children. If you reach an agreement in mediation, you will have a written parenting agreement signed by a judge and enforceable in court.

If you have reason to believe that your physical safety will be at risk during orientation or mediation, you may ask your assigned judge to exempt you from the mediation process. To request an exemption, you must file a Motion and Order to Waive Custody Mediation (FORM AOC-CV-632) and a Submission Cover Sheet (WAKE-DOM-22) prior to your session. Parties who are not current residents of North Carolina or who reside more than 50 miles from Raleigh may have other options to participate in orientation and mediation. For further information, send an email to: D10.CustodyMediation@nccourts.org. You will receive an automated reply with additional instructions.

**FAILURE BY EITHER PARTY TO COMPLY WITH THIS COURT ORDER MAY RESULT IN SANCTIONS, INCLUDING THE CONTEMPT POWERS OF THE COURT.**

/s/ Robert B. Rader

Robert B. Rader  
Chief District Court Judge  
10<sup>th</sup> Judicial District

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this Order to Attend has been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to: \_\_\_\_\_

By certified mail, return receipt requested to: \_\_\_\_\_

*[Note: the return receipt green card must be filed with the clerk's office to show proof of service]*

By Sheriff to: \_\_\_\_\_

By facsimile to: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Other: \_\_\_\_\_

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

Plaintiff  Defendant  
 Attorney for Plaintiff  Attorney for Defendant

**SHERIFF COMPLETES THE FORM BELOW THIS BOX**

I certify that this Order to Attend was received and served as follows:

Date Served:	Name of Responding Party:
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**By delivering to the Responding Party named above a copy of this Order.**

By leaving a copy of this Order at the dwelling house or usual place of abode of the Responding Party named above with a person of suitable age and discretion then residing therein.

Name And Address Of Person With Whom Copies Left:
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The Responding Party **WAS NOT** served for the following reason:

Date Received:	Name Of Sheriff:
Date Of Return:	County:
Service Fee:	Deputy Sheriff Making Return: