

NORTH CAROLINA  
COUNTY OF WAKE

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

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

_____, Plaintiff, v. _____, Defendant.
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**ORDER TO ATTEND  
CHILD CUSTODY MEDIATION  
AND ORIENTATION**

(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. by joining the Zoom videoconference linked below.

Your mandatory custody mediation orientation will be conducted via videoconference using Zoom, an internet-based video conferencing tool. **ALL** parties will participate via videoconference. The orientation is scheduled for approximately 1.5 hours. To complete orientation:

- Complete and return this intake form:** <https://www.nccourts.gov/documents/forms/custody-mediation-intake-form>.
  - Download a copy of the intake form to your computer.
  - Complete the form and save the completed form to your computer.
  - Attach a copy of the form to an email and send it to *D10.custodymediation@nccourts.org*.
- On the date above, sign into the videoconference and attend the orientation until the end. Use the following information to join the videoconference no later than **10:00 a.m.**
  - Use this link to join from PC, Mac, Linux, iOS or Android:  
**<https://nccourts.zoom.us/j/98425682467> Meeting ID: 98425682467**
  - Use phone numbers below only if you cannot connect **both** audio and video through your device using the link above. Dial: (669) 900-6833 (US Toll) or (646) 876-9923 (US Toll).
  - You are advised to begin the process 15 minutes before the videoconference to allow time for the application to download.
- Also, you will need to review the following information:  
[https://nccourts-01-prod-drupal.s3.amazonaws.com/inline-files/PuttingChildrenFirst\\_English.pdf?gmT3k7OagPVBjP6sbmob5MIFUcMWa9c0](https://nccourts-01-prod-drupal.s3.amazonaws.com/inline-files/PuttingChildrenFirst_English.pdf?gmT3k7OagPVBjP6sbmob5MIFUcMWa9c0)

This video-conferenced orientation is for the purpose of resolving child custody. 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), nor attorneys may attend. The orientation cannot be recorded. Do not participate in the video conference in a running vehicle or in any unsafe situation.

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

*/s/ Debra S. Sasser*  
\_\_\_\_\_  
Debra S. Sasser  
Chief District Court Judge  
10 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:  
\_\_\_\_\_

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: