

COVER SHEET FOR CUSTODY MEDIATION

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

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 |
|------|-----|-----|-----|--------------------|--------------|
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Marriage Date: _____ Parties Never Married: _____ Separation Date: _____

Is there an active DV Protective Order _____ Is DSS currently involved _____
(Bring Copy of DV Order to Mediation Session)

Signature: _____ Date: _____