

STATE OF NORTH CAROLINA

File No.

CABARRUS COUNTY

In The General Court of Justice
District Court Division

Name And Address of Plaintiff

VERSUS

Name And Address of Defendant

**ORDER TO RETURN TO
CHILD CUSTODY MEDIATION**

G.S. 50-13.1

Name And Address of Plaintiff's Attorney

Name And Address of Defendant's Attorney

This matter involves issues relating to child custody or visitation. The parties are legally required, or have consented, to return and participate in the court's mediation program for custody and visitation disputes.

There has has not been a showing of good cause which would allow, or require, the court to waive mediation.

It is ORDERED, pursuant to G.S. 50-13.1, that:

- 1. The child custody and visitation issues in this case be referred to mediation, and that further proceedings, including discovery, relating to these issues are stayed.

Notice To Parties: The Mediation Office will notice the parties by email of their appointment date and time.

- 2. For good cause shown, mediation is waived for the following reason: _____

- 3. A copy of this Order be served on the plaintiff plaintiff's attorney defendant defendant's attorney.

- 4. Other: Within 14 days after this Order is filed, the parties will be notified by email of the date and time of the assigned mediation session. If you do not receive this email, please contact dist25.custodymediation@nccourts.org

Date

Name of Presiding Judge (Type Or Print)

Signature of District Court Judge

REFERRAL INFORMATION

Date Referred: _____ File No: _____

Name: _____

Date of Birth: _____ Home Phone: _____ Other Phone: _____

Email Address (required): _____

Address: _____

City: _____ State: _____ Zip: _____

Attorney: _____ Phone No: _____

Attorney Email Address _____

Attorney Address: _____

City: _____ State: _____ Zip: _____

CHILD(REN) (involved in this action)

NAME	AGE	DATE OF BIRTH	RESIDES WITH
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()

Marital Status: _____ Married and living together
 _____ Unmarried parents
 _____ Separated Date: _____
 _____ Divorced Date: _____
 _____ Remarried Date: _____

Have you ever participated in mediation before? _____ Yes _____ No

Is domestic violence an issue in this relationship: _____ Yes _____ No

Is English your primary language? _____ Yes _____ No

If no, primary language spoken _____

Request a court approved interpreter? _____

REFERRAL INFORMATION

Date Referred: _____ File No: _____

Name: _____

Date of Birth: _____ Home Phone: _____ Other Phone: _____

Email Address (required): _____

Address: _____

City: _____ State: _____ Zip: _____

Attorney: _____ Phone No: _____

Attorney Email Address _____

Attorney Address: _____

City: _____ State: _____ Zip: _____

CHILD(REN) (involved in this action)

NAME	AGE	DATE OF BIRTH	RESIDES WITH
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()
_____	_____	_____	Mother () Father ()

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If no, primary language spoken _____

Request a court approved interpreter? _____