

CASE NUMBER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PLAINTIFF

VS.

**MOTION FOR WAIVER OF  
PARENT EDUCATION  
AND/OR CUSTODY MEDIATION**

\_\_\_\_\_

\_\_\_\_\_ DEFENDANT

.....  
The undersigned requests a waiver of [ ] Parent Education and/or [ ] Custody Mediation in the above-captioned case based upon the following:

- \_\_\_\_\_ The party has completed a comparable Parent Education course and filed a certificate of completion with the court
- \_\_\_\_\_ Undue hardship
- \_\_\_\_\_ The parties have agreed to voluntary mediation
- \_\_\_\_\_ There are allegations of abuse or neglect of the minor child
- \_\_\_\_\_ There are allegations of alcoholism, drug abuse, or domestic abuse\*
- \_\_\_\_\_ There are allegations of severe psychological, psychiatric, or emotional problems
- \_\_\_\_\_ The party resides more than fifty miles from the court
- \_\_\_\_\_ Other good cause

The facts upon which this request for waiver is based are:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned [ ] requests [ ] does not request an evidentiary hearing on the motion.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_ Plaintiff     \_\_\_ Attorney for Plaintiff  
\_\_\_ Defendant    \_\_\_ Attorney for Defendant

**Note to Opposing Party: You have seven days from receiving this motion to file any response.**

**Served on:**

\_\_\_\_\_ Plaintiff or Plaintiff's Attorney     \_\_\_\_\_ Date

\_\_\_\_\_ Defendant or Defendant's Attorney     \_\_\_\_\_ Date

\_\_\_\_\_ Custody Services Case Manager     \_\_\_\_\_ Date

\_\_\_\_\_  
Domestic abuse refers to acts of intimidation, harassment, coercion or violence perpetrated by an intimate partner against a current or former intimate partner. Nonphysical acts of domestic abuse include but are not limited to emotional abuse, isolation, threats, and the use of gender privilege. Physical acts include but are not limited to pushing, shoving, choking, slapping, hitting, using weapons, and physically detaining. These acts serve to maintain the abuser's power and control over the abused person.

**Certificate of Service**

I certify that I served the above Notice by:

- delivering a copy personally to:

Name of Person(s) and Place Served:	Name of Person(s) and Place Served:
<b>Also served on:</b>	
<b>Custody Services Case Manager 832 East Fourth Street, Suite 3520 Charlotte, NC 28202</b>	

- depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

Name and Address	Name and Address
<b>Also served on:</b>	
<b>Custody Services Case Manager 832 East Fourth Street , Suite 3520 Charlotte, NC 28202</b>	

- leaving a copy at the office of the attorney named below, with a partner or employee:

Name Of Attorney	Name Of Attorney
Party Represented	Party Represented
Person With Whom Copies Left	Person With Whom Copies Left
<b>Also served on:</b>	
<b>Custody Services Case Manager 832 East Fourth Street, Suite 3520 Charlotte, NC 28202</b>	

Date of Service	Signature of Person Serving Notice
	Name, Address, and Telephone Number