

NORTH CAROLINA  
28<sup>th</sup> JUDICIAL DISTRICT  
BUNCOMBE COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
\_\_\_\_\_-CVD-\_\_\_\_\_

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

_____ <p style="text-align: center;">Plaintiff</p>	
vs.	
_____ <p style="text-align: center;">Defendant</p>	

**ORDER TO ATTEND PARENT EDUCATION/  
MEDIATION ORIENTATION & MEDIATION**

A copy of this signed order must be sent by the Moving Party to the Responding Party and it shall operate as both Parties' Order to Attend

**PLEASE TAKE NOTICE** that Pursuant to N.C.G.S. 50-13.1 (b), this case is hereby scheduled for mandatory mediation of all custody and visitation issues. This includes a mandatory 2-1/2 hour Parent Education/ Mediation Orientation class (scheduled below) that educates parents on the impact of parental conflict on children and introduces parents to the mediation process as well as one mandatory mediation session (to be scheduled at the Parent Education/Orientation session).

**YOU ARE ORDERED TO APPEAR** for a 2 ½ hour Parent Education/Mediation Orientation class in Room 401, 4<sup>th</sup> Floor Jury Lounge of the Buncombe County Courthouse, 60 Court Plaza, Asheville NC, as follows:

*For Plaintiff: Friday, \_\_\_\_\_ at 10:00 a.m.*

*For Defendant: Friday, \_\_\_\_\_ at 10:00 a.m.*

**ALL PARTIES ARE REQUIRED TO ATTEND ON THE DATES AS SET FORTH ABOVE, unless:**

The parties herein have previously participated in the custody mediation program and completed the Parent Education/Orientation class within the past 12 months. Both parties shall, within 10 days from the date of this Order to Attend, contact the Custody Mediator at: (828) 259-6505 to schedule a mediation appointment to address the new custody issues.

**PLEASE NOTE:**

1. FAILURE TO ATTEND THESE EVENTS MAY RESULT IN CONTEMPT AND MANDATORY FINES.
2. **Please allow two and one-half hours** for the Parent Education/Mediation Orientation Class.
3. CHILDREN ARE NOT PERMITTED TO ATTEND.
4. If you have any concerns about your physical safety, please contact the Custody Mediator at 259-6505.

**I HEREBY CERTIFY that a copy of this Order to Attend Parent Education/Mediation Orientation & Mediation has been served in the following manner:**

by certified U. S. mail, return receipt requested, in a properly addressed, postpaid envelope to:

Name	Address	City,	State,	Zip
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**OR**

by Sheriff's service

**AND, a copy of this document has been provided to the Family Court Case Coordinator, Family Court Office, 28<sup>th</sup> Judicial District, 60 Court Plaza, Suite 901, Asheville, North Carolina 28801.**

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

\_\_\_\_\_  
Signature (Moving Party or Counsel for Moving Party)

STATE OF NORTH CAROLINA  
 28<sup>TH</sup> JUDICIAL DISTRICT  
 BUNCOMBE COUNTY

File No. \_\_\_\_\_ CVD \_\_\_\_\_  
 IN THE GENERAL COURT OF JUSTICE  
 DISTRICT COURT DIVISION

**REFERRAL FOR CUSTODY MEDIATION**

**INSTRUCTIONS: Please fill in the following information:**

<b>Name of Plaintiff:</b>	Day ph #: _____ Night ph #: _____ Email: _____
Address:	Date of birth: _____
<b>Name and address of Attorney:</b>	Ph #: _____ Fax #: _____
<b>Name of Defendant:</b>	Day ph #: _____ Night ph #: _____ Email: _____
Address:	Date of birth: _____
<b>Name and address of Attorney:</b>	Ph #: _____ Fax #: _____

Marriage date: \_\_\_\_\_ Parties never married: \_\_\_\_\_ Separation date: \_\_\_\_\_

**The parties are the parents of the child(ren) named below:**

Name	Age	DOB	Name of person w/ whom child resides	Relationship

Has this court case been in mediation before?  Yes  No

If yes, approximate date \_\_\_\_\_

If yes, give the name of the mediator \_\_\_\_\_

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