STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
Superior Court Division

Name Of Plaintiff(s)

VERSUS

Name Of Defendant(s)

Name And Address Of Mediator

REPORT OF MEDIATOR IN SUPERIOR COURT CIVIL ACTION

G.S. 7A-38.1; Rules 6.B.(4) Of Mediated Settlement Conferences

Telephone No.

FAX No. (if applicable)

1. The undersigned mediator reports the following results of a mediated settlement conference ordered in this case:
   a. Conference ☐ was held. ☐ was not held.
   b. If held, date conference was completed: _____
   c. If not held, the reasons were: _____
2. If the case was reported settled prior to or during a recess of the conference, provide the name of the person(s) who reported the case settled: _____
3. The parties reached an: ☐ agreement on all issues. ☐ agreement on some issues. ☐ impasse.
4. If the case was settled, the following document is to be filed:
   a. ☐ consent judgment. ☐ voluntary dismissal with prejudice. ☐ voluntary dismissal without prejudice.
   b. Name, address and telephone number of party or attorney who is to file the closing document:
      Name: _____ Telephone number: (_____) _____ - _____
      Address: _____
   c. Date by which closing document will be filed: _____

NOTE: *Closing documents shall be filed within 30 days (90 days if the State or a political subdivision thereof is a party to the action), or before expiration of the mediation deadline, whichever is later. Rule 4.C.*

   d. Signature of party or attorney who will file closing document: _____
5. Names of those who attended the conference:

Name	*Affiliation (e.g., party, attorney, insurance company representative, lien holder or other).*

Original-File Copy - Senior Resident Superior Court Judge or his/her designee Copy-Plaintiff Copy-Defendant

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Name	*Affiliation (e.g., party, attorney, insurance company representative, lien holder or other).*

MEDIATOR'S FEE

	Court-Appointed Mediator	Party-Selected Mediator
ADMINISTRATIVE FEE (MSC RULE 7.B. *or as privately agreed with party-selected mediator)*	$ **125.00**	$
MEDIATION FEE (MSC RULE 7.B.): *($125.00 per hour for time spent in conference for court-appointed mediator, billed in quarter hour segments, or privately set fee for party-selected mediator.)* Total Time Spent In Mediated Settlement Conference(s): _____ Hours _____ Minutes	$	$
POSTPONEMENT/CANCELLATION FEE (MSC RULE 7.E *or as privately agreed with party-selected mediator)*	$	$
TOTAL FEE	$	$

All fees of the mediator have been paid except as follows:

Name Of Party Owing Balance	Address Of Party	Amount Of Balance
		$
		$
		$
		$

Name of any party filing motion for relief from obligation to pay mediator's fee: *(Please attach motion for relief.)*

_____

I have submitted this Report as required within ten (10) days after conclusion of conference to the office of the Senior Resident Superior Court Judge or his/her designee.

Date	*Name Of Mediator (Type Or Print)*	*Signature Of Mediator*

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