

NORTH CAROLINA
WAKE COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____

Assigned Judge: _____

**MOTION
FOR PERMANENCY MEDIATION**

The undersigned

- Assistant Wake County Attorney,
- Counsel of record for _____, the parent of the juvenile,
- Guardian ad Litem for _____, the parent of juvenile,
- Guardian ad Litem-Attorney Advocate,

moves the Court Order the following parties to participate in permanency mediation:

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother's Attorney |
| <input type="checkbox"/> Father | <input type="checkbox"/> Father's Attorney |
| <input type="checkbox"/> GAL Representative | <input type="checkbox"/> GAL Attorney |
| <input type="checkbox"/> WCHS Social Worker | <input type="checkbox"/> County Attorney |
| <input type="checkbox"/> Maternal Relatives | <input type="checkbox"/> Paternal Relatives |
| <input type="checkbox"/> Adoptive Parents | <input type="checkbox"/> Foster Parents |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> WCHS Supervisor |
| <input type="checkbox"/> Other _____ | |

This the ____ day of _____, 20 ____.

- | | |
|--|--|
| <input type="checkbox"/> Assistant County Attorney | <input type="checkbox"/> Attorney for Parent |
| <input type="checkbox"/> GAL Attorney Advocate | <input type="checkbox"/> Parent |

The following parties consent to the above Motion for Permanency Mediation:

- Assistant Wake County Attorney, _____,
- Counsel of record for parent/Parent _____,
- Counsel of record for parent/Parent _____,
- Counsel of record for parent/Parent _____,
- Counsel of record for parent/Parent _____,
- Guardian ad Litem-Attorney Advocate, _____

ORDER TO

THIS MOTION IS: DENIED, set for hearing pursuant to notice of hearing.
 ALLOWED, see attached order

This the ___ day of _____, 20__.

 Assigned Judge Presiding Judge

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Motion for Permanency Mediation has been served in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to:

Other: _____

Date

Signature