

**STATE OF NORTH CAROLINA**

File No. \_\_\_\_\_

In The General Court Of Justice  
Superior Court Division

\_\_\_\_\_ County

Name Of Plaintiff(s)  
\_\_\_\_\_

**VERSUS**

Name Of Defendant(s)  
\_\_\_\_\_

Name And Address Of Mediator  
\_\_\_\_\_

**REPORT  
OF  
MEDIATOR**

G.S. 7A-38.1

Telephone No. \_\_\_\_\_

The undersigned mediator reports the following results of a mediated settlement conference ordered in this case:  
Conference  was held.  was not held. If not held, the reasons were: \_\_\_\_\_

\_\_\_\_\_ If held, Date Conference Was Completed: \_\_\_\_\_

If the case was reported settled prior to mediation, provide the name of the person(s) who reported the case settled:  
\_\_\_\_\_

Names of parties, attorneys, insurance representatives, or others who were absent without permission:  
\_\_\_\_\_

The parties reached an:  agreement on all issues.  agreement on some issues.  impasse.

If the case was settled before or at mediation, the following document is to be filed:  consent judgment.

voluntary dismissal with prejudice.  voluntary dismissal without prejudice.

Name of person who is to file the document: \_\_\_\_\_

Telephone number of person who will file document: \_\_\_\_\_ Date document will be filed by: \_\_\_\_\_

Date	Signature Of Plaintiff's Attorney Signing Agreement	Signature Of Defendant's Attorney Signing Agreement
------	---	---

MEDIATOR'S FEE		
	Court-Appointed Mediator	Party-Selected Mediator
ADMINISTRATIVE FEE (MSC RULE 7.B. or as privately agreed with partly-selected mediator)	\$ <b>125.00</b>	\$
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 partly-selected mediator)	\$	\$
<b>TOTAL FEE</b>	\$	\$

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

Name Of Party Owing Balance	Address Of Party	Amount Of Balance

Original-Senior Resident Superior Court Judge, then to file  
Copy-Plaintiff Copy-Defendant

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 to the Court as required within ten (10) days after conclusion of conference to the office of the Senior Resident Superior Court Judge.

<i>Date</i>	<i>Name Of Mediator (Type Or Print)</i>	<i>Signature Of Mediator</i>
-------------	---	------------------------------