

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
Superior Court Division
Before The Clerk

Name Of Petitioner

Name And Address Of Petitioner's Attorney (Or Pro Se Petitioner)

Telephone No.

FAX No. (if applicable)

Petitioner's Attorney Email Address (Or Pro Se Petitioner's Email Address)

VERSUS (IN THE MATTER OF:)

Name Of Respondent/Decedent

Name And Address Of Respondent/Decedent's Attorney (Or Pro Se Respondent/Party)

Telephone No.

FAX No. (if applicable)

Respondent's Attorney's Email Address (or Pro Se Respondent's Email Address)

**DESIGNATION OF MEDIATOR
IN MATTER BEFORE
CLERK OF SUPERIOR COURT****NOTICE:**

Fill out only one of the two Sections, **sign below**, and return to the Clerk of Superior Court within _____ days after the date of the Order for Mediation and distribute copies as noted below.

G.S. 7A-38.3B; Rules 2 and 8 of Rules Implementing Mediation In Matters Before Clerk Of Superior Court

Deadline For Completion Of Mediation

Hearing Date

Agreement, if reached, to be submitted to Clerk. ☐ Yes ☐ No☐ **SECTION 1 - NOTICE OF SELECTION OF CERTIFIED MEDIATOR BY AGREEMENT**

The above named matter was referred to mediation. The parties have selected the mediator named below who has agreed to serve in this matter and is eligible to serve pursuant to the Rules of the Clerk Mediation Program. If this is an estate or guardianship matter, the mediator has completed at least ten hours training in mediating estate and guardianship matters and is certified to mediate estate and guardianship matters.

Name And Address Of Certified Mediator

Rhonda G. Raney, Mediation Solutions
2000-101 Bearcat Way
Morrisville, NC 27509

Telephone No.

(919) 758-9775

FAX No. (if applicable)

(919) 771-0331

Mediator's Email Address

rraney@mediationsolutionsnc.com

The parties and the mediator have agreed upon the mediator's rate of compensation as follows: (specify all terms of the compensation agreement.)

Parties agree to the following: \$200.00 administrative fee; \$200.00 per hour mediation rate. 2 hour minimum for half-day session. 4 hour minimum for full-day session. A cancellation fee of \$200.00 will be charged for mediations cancelled within ten (10) days of the scheduled session.

NOTE: As an aid to mediator selection, the NC Dispute Resolution Commission maintains a list of mediators available to conduct mediations in matters referred by the Clerk at www.ncdrc.org. Click on "List of Mediators" from the left-hand menu, then click on "Clerk Program Mediators." You may select either a certified Superior Court or Family Financial Mediator. If you are seeking a mediator for an estate or guardianship matter, you must select a mediator with estate and guardianship mediation training. You may search for mediators by name or by county. Once a mediator's name appears on your screen, click on it for a complete contact and availability listing.

Original - Clerk Copy - Petitioner Copy - Respondent Copy - Mediator
Copy - Other Persons/Entities Ordered to Attend Mediation
(Over)

☐ **SECTION 2 - MOTION FOR CLERK APPOINTMENT OF CERTIFIED MEDIATOR**

1. The above named matter was referred to mediation and the parties had _____ days to select a certified mediator.
2. After a full and frank discussion, the parties have been unable to agree upon the selection of a certified mediator.
3. Pursuant to Rule 2.B. of the Rules of Clerk Mediation Program, the petitioner moves the Clerk of Superior Court to appoint:
 - a. ☐ a Certified Superior Court or Family Financial Mediator; or
 - b. ☐ because this is an estate or guardianship matter, a mediator who has completed estate and guardianship mediation training and is certified to mediate such matters.

SIGNATURE

Date

Name Of Party/Entity or Attorney Filing Designation

Signature Of Party or Attorney/Entity Filing Designation

ORDER OF APPOINTMENT

The parties having reported their failure to agree upon the selection of a mediator, or the parties having failed to timely notify the Clerk of their selection after this matter was ordered to mediation, the Clerk appoints the following to conduct this mediation:

- ☐ a Certified Superior Court or Family Financial Mediator.
- ☐ a mediator who has completed estate and guardianship mediation training and is certified to mediate estate and guardianship matters.

Name And Address Of Mediator

Telephone No.

FAX No.

Mediator's Email Address

NOTICE TO MEDIATOR: The mediator shall be responsible for reserving a place and making arrangements for the mediation and giving timely notice to all attorneys and unrepresented parties of the time and location of the mediation. The mediation shall be completed by the completion deadline set forth above, and the mediator shall report the results of the conference to the Clerk within ten (10) days after the mediation is completed if the agreement is to be submitted to the clerk.

Date

Signature Of Clerk

Name Of Clerk (Type Or Print)

☐ Assistant CSC

☐ Clerk Of Superior Court

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this date a copy of the foregoing Designation of Mediator in the matter before the Clerk of Superior court was served on the above-selected mediator and the parties at the addresses below by placing a copy of the same in the United States Mail, postage prepaid. (Please provide names and addresses for the mediator and parties served in the spaces below. Attach additional sheets if necessary.)

Mediator

Party Or Attorney

Party Or Attorney

Party Or Attorney

Party Or Attorney

Party Or Attorney

Party Or Attorney

Party Or Attorney

Date

Name Of Party/Entity (Type Or Print)

Signature Of Party/Entity Or Party/Entity's Attorney