

**UNITED STATES DISTRICT COURT** Case No.: \_\_\_\_\_  
**FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**  
**DIVISION**

Name of Plaintiff(s):

**VERSUS**

Name of Defendant(s):

Name and Address of Mediator:

Telephone No.:

**REPORT**  
**OF**  
**MEDIATOR**

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: \_\_\_\_\_

Number of conferences held: \_\_\_\_\_ Date of conference was completed: \_\_\_\_\_

Place where conference was held: \_\_\_\_\_

Number of participants present: \_\_\_\_\_ Number of observers: \_\_\_\_\_

List name of parties, attorneys, insurance representatives, or other who were present: **SEE BACK OF FORM**

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

If the case was not settled, estimated length of trial (number of days) \_\_\_\_\_

If there was partial agreement, list issues settled: \_\_\_\_\_

Any agreement reached will conclude the lawsuit as follows:

by consent judgement.  
 by voluntary dismissal(s).

If the case was settled, the documents to be filed, and the persons who are to file them are as follows:

- Consent Judgement
- Voluntary Dismissal With Prejudice
- Voluntary Dismissal Without Prejudice

Date:

Filed By:

Please return completed report to: Clerk of Court, POB 2708, Greensboro, NC  
27402

**MEDIATOR 'S FEE**

For Information purpose, please report the following:

Total Travel Time: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Total Mediation Time: \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

**TOTAL> \$**

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

| Name of Party Owing Balance | Address of Party | Amount of Balance |
|-----------------------------|------------------|-------------------|
|                             |                  | \$                |
|                             |                  | \$                |
|                             |                  | \$                |

PLAINTIFF(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEFENDANT(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLAINTIFF(S) COUNSEL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEFENDANT(S) COUNSEL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have mailed this report within seven (7) days after conclusion of conference to the Office of the Clerk.**

Date:

Signature of Mediator: