STATE OF NORTH CAROLINA
NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS

CUSTODY MEDIATION INTAKE FORM

Please complete both sides.

County Where Case Is Filed	*Case File Number* _____CVD_____

Will you or the other party need an interpreter? ☐ Yes ☐ No If yes, what language? _____

Today's Date	*Full Name*	*Date Of Birth*

Mailing Address	*City*	*State*	*Zip*

Home Telephone No. (including area code)	*Cell No. (including area code)*

Email Address	*Highest Level Of Education Completed*

Are you currently employed? ☐ Yes ☐ No	*Employer*	*Work Telephone No. (including area code)*
Job Title	*Work Schedule*	

Which is the best number for the mediator to reach you? ☐ Home ☐ Cell ☐ Work ☐ Other: _____
On which number(s) can the mediator leave a message? ☐ Home ☐ Cell ☐ Work ☐ Other: _____

Full Name Of The Other Party In This Dispute	*Telephone No.*	*Email Address*

The Other Party's Mailing Address	*City*	*State*	*Zip*

List the child(ren) in this custody dispute:

Child's Full Name	Date Of Birth	Age	Grade	Gender	Child Lives With

What is your relationship with the child(ren) in this dispute? *(check one)*
☐ Biological Mother ☐ Biological Father ☐ Grandmother ☐ Grandfather
☐ Adoptive Mother ☐ Adoptive Father ☐ Other _____

Are children from other relationships living with you? ☐ Yes ☐ No ☐ Sometimes
Are you and the other party currently living together? ☐ Yes ☐ No ☐ Sometimes

Relationship status: *(check all that apply)*
☐ We never lived together. ☐ We previously lived together. ☐ We are married and separated. ☐ We are divorced.
☐ We were never married. ☐ I am living with a new partner. ☐ Other: *(please specify)* _____

When did you stop living together? *(approximate date)* _____

What are you hoping to achieve in mediation? _____
_____
_____
_____

(Over)

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Is there an existing order in place pertaining to custody (including one from another state, county, or juvenile court) that you are hoping to revise or amend? ☐ Yes ☐ No

If yes, please provide details about the order (case number, county, state, etc.): _____

_____

Everyone disagrees and argues with family and friends now and then. What happens when you and the other party involved in mediation disagree or argue? _____

_____

_____

Is there a current or expired Domestic Violence Protective Order or other type of no-contact order between you and the other party?
☐ Yes ☐ No
If yes, what type of no-contact order and when does it expire? _____

Have there been any criminal cases involving you and the other party?
☐ Yes ☐ No
If yes, what type? (*e.g., trespassing, assault, etc.*) _____

What was the outcome? (*e.g., dismissal, acquittal, guilty*) _____

Has Child Protective Services ever investigated the safety of your children?
☐ Yes ☐ No
If yes, what date(s) did the investigation begin and end? _____

I fear for my safety around the other party. ☐ Yes ☐ No
I fear for my children's safety with the other party. ☐ Yes ☐ No
I have concerns about the other party's drug/alcohol abuse. ☐ Yes ☐ No

If yes to any of the above, please describe: _____

_____

_____

Has the other party threatened you with a weapon?
☐ Yes ☐ No
If yes, what happened as a result? _____

Has the other party threatened to hurt: ☐ you ☐ himself/herself ☐ the children ☐ a family pet? ☐ No threats were made.
If threatened, what happened as a result? _____

Has the other party been violent towards you?
☐ Yes ☐ No
If yes, what happened as a result? _____

Fill in this section completely.

For the six (6) months before this action was filed:

The plaintiff lived in (name of state) _____

The defendant lived in (name of state) _____

The child(ren) lived in (name of state) _____

Name Of Attorney Of Record			
Mailing Address	*City*	*State*	*Zip*
Attorney's Telephone No. (including area code)	*Attorney's Fax No. (including area code)*		

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