

**NORTH CAROLINA COURT OF APPEALS
DESIGNATION OF PRIVATE MEDIATOR FORM**

Case # / Title: COA

Appellant's Attorney _____
Telephone _____
Fax _____
Email _____
Address _____

Appellee's Attorney _____
Telephone _____
Fax _____
Email _____
Address _____

All parties in this case have agreed to a mediated settlement conference and have selected the private mediator named below, who has agreed to serve and to complete the Report of Mediator Form and mail or deliver it to the Court of Appeals within 5 days after completion of the mediation.

Mediator's Name _____
Telephone _____
Fax _____
Email _____
Address _____

The parties will bear equally the cost for the selected mediator, unless otherwise agreed.

Counsel for Appellant _____ Date _____

Note: This form must be completed only if a Private Mediator is designated. Please mail to Office of the Clerk, North Carolina Court of Appeals, P. O. Box 2779, Raleigh, NC 27602.