STATE OF NORTH CAROLINA

GASTON County

File No. 15 CVS 3203

In The General Court Of Justice
Superior Court Division

Name Of Plaintiff(s)
DAN Deitz; Ellen Deitz Tucker

VERSUS

Name Of Defendant(s)
CITY OF BELMONT; BARRY WEBB CITY MANAGER

Name And Address Of Mediator
Timothy L. Patti
Stott, Hollowell, Palmer & Windham, LLP
P.O. Box 995
Gastonia, NC 28053-0995

Telephone No. Of Mediator: 704-864-3425

Fax No. Of Mediator (If Applicable): 704-864-0478

REPORT OF MEDIATOR IN SUPERIOR COURT CIVIL ACTION

G.S. 7A-38.1; Rule 6.B(4) of the Rules Implementing Statewide Mediated Settlement Conferences and Other Settlement Procedures in Superior Court Civil Actions

1. The undersigned mediator reports the following results of a mediation settlement conference either ☑ ordered or ☐ voluntarily conducted in this case:
   a. Conference ☐ was held. ☑ was not held.
   b. If held, date conference was completed: _____
   c. If not held, the reasons were: WAIVED MEDIATION PURSUANT TO NCGS § 7A-38.3E(e)
2. If the case was reported settled prior to or during a recess of the conference, provide the name(s) of the person(s) who reported the case settled: _____
3. The parties reached an: ☐ agreement on all issues. ☐ impasse.
4. ☐ If the case was settled, then, as required by MSC Rule 6.B(4)(b), the mediator has advised the parties that MSC Rule 4.C requires that closing documents be filed with the court within 30 days of settlement (or 90 days if a State or political subdivision is involved) or before expiration of the mediation deadline, whichever is longer. The following closing document is to be filed:
   a. ☐ consent judgment. ☐ voluntary dismissal with prejudice. ☐ voluntary dismissal without prejudice.
   b. Name, address, email, and telephone number of party or attorney who is to file the closing document:
      Name: _____
      Address: _____
      Telephone number: (_____) _____ - _____ Email Address: _____
5. Names of those who attended the conference:

Name	Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)

Original-File Copy-Senior Resident Superior Court Judge or his/her designee Copy-Plaintiff Copy-Defendant
(Over)

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Name	Affiliation (e.g., party, attorney, insurance company representative, lienholder, or other)

MEDIATOR'S FEE

	Court-Appointed Mediator	Party-Selected Mediator
ADMINISTRATIVE FEE (MSC RULE 7.B *or as privately agreed with party-selected mediator*)	$ 150.00	$
MEDIATION FEE (MSC RULE 7.B: *$150.00 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 party-selected mediator*)	$	$
TOTAL FEE	$ 150.00	$

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

Name Of Party Owing Balance	Address Of Party	Amount Of Balance
		$
		$
		$
		$

Name of any party filing Petition For Relief From Obligation To Pay Mediator's Fee: ***(Please attach Petition For Relief.)***

_____

I have filed this report with the Court as required within ten (10) days after conclusion of the conference or within ten (10) days of being advised by a party that this case settled before the date scheduled for mediation or during a recess of the conference.

Date	*Name Of Mediator (Type Or Print)*	*Signature Of Mediator*
3-3-2016	Timothy L. Patti	Timothy L. Patti

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