The Conflict Resolution Center
P. O. Box 1222, 218-A Main Ave. East
Hildebran, NC 28637
(828) 397-2566
www.theconflictresolutioncenter.org

RESOLUTION OF DISPUTE **File No.** ____**CR**_____

I agree that this mediation is:

☒ a result of a voluntary mediation of a dispute
☒ a final settlement, and the center will be notified if there is any question of its interpretation

_____
Complainant

_____
Defendant

_____
Typed Name of Mediator

County: _____

TERMS OF RESOLUTION:

_____
_____
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☒ ***It is the desire of all parties that pending charges be dismissed.***

Parties: _____ _____
Complainant/Victim signature Date

_____ _____
Defendant signature Date

☒ I consent to signatures via electronic communication.

All questions pertaining to your case handled through Mediation need to be addressed with your Mediator. ***Phone*:** _____

CLERK of COURT PHONE NUMBERS ----- Burke: 828-433-3200 Caldwell: 828-759-3502 Catawba: 828-695-6102