

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA
CERTIFICATION OF MEDIATION SESSION

Case No. 1:14-cv-72-MR-DLH

NICHOLAS C., by his guardian and
next friend EMILY C.

Plaintiff(s),

vs.

ALDONA WOS, in her official
capacity as Secretary of the
~~Department of Health and Human Services~~
Defendant(s).

Instructions: This certificate shall be filed by the mediator or by the plaintiff, and served upon all parties upon completion of the ADR process unless otherwise ordered.

The undersigned mediator reports the following result of a Mediated Settlement Conference held on January 20, 2015.

The following individuals, parties, corporate representatives, and/or claims professionals attended and were available to participate in the session, and the appropriate individuals possessed the requisite settlement authority:

- ☒ All individual parties and their counsel.
- ☒ Designated corporate representatives.
- ☐ Required claims professionals.
- ☐ Other (describe):

The following individuals, parties, corporate representatives, and/or claims professionals failed to appear and/or failed to participate as ordered:

The outcome of the Mediation session was:

☐ The parties have reached an impasse.

☒ The case has completely settled. Counsel will promptly notify the Court of settlement by:

☐ The filing of a settlement agreement signed by the parties within ten (10) days of the filing of this report.

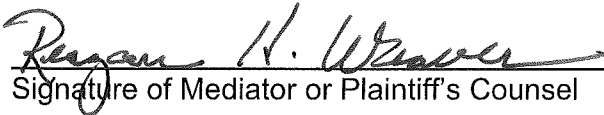
☒ The filing of a stipulation of dismissal signed by the parties within ten (10) days of the filing of this report.

☐ The case has been partially resolved. Counsel will file a joint stipulation regarding those claims which have been resolved within ten (10) days of the filing of this report. The report shall also contain a brief summary of the remaining issues for the Court to resolve.

I certify that the above is a true and accurate report regarding the result of the Mediation Settlement Conference.

Reagan H. Weaver

Name of Mediator or Plaintiff's Counsel



Signature of Mediator or Plaintiff's Counsel

1/26/15

Date

CERTIFICATE OF SERVICE

I hereby certify that I have this date served counsel for all parties with the Report of Mediation by sending a copy thereof to the following via email or conventional mail as noted: Kristine Sullivan, Disability Rights NC, 2626 Glenwood Ave, Suite 550, Raleigh, NC 27608 and Scott Stroud, P O Box 629, Raleigh, NC 27602 (both via email)

This the 26 day of January, 2015.

s/ Reagan H. Weaver

Mediator