**Child Welfare Mediation Referral Form**

**(Internal Use Only)**

|  |  |
| --- | --- |
| Case Name: |  |
| Case Docket Number(s): |  |
| Child(ren): |  |
| Date of Referral: |  |

|  |  |
| --- | --- |
| **Date/Time of Mediation**: |  |
| Mediation requested by: |  |

**Persons ordered to mediation:**

| **Noticed in Court?**  | **Participant** | **Name/Address/Telephone (work, home & cell)** |
| --- | --- | --- |
| [ ]  Yes[ ]  No | [ ]  Parent 1 |  |
| [ ]  Yes[ ]  No | [ ]  attorney |  |
| [ ]  Yes[ ]  No | [ ]  Parent 2 |  |
| [ ]  Yes[ ]  No | [ ]  attorney |  |
| [ ]  Yes[ ]  No | [ ]  Parent 3 |  |
| [ ]  Yes[ ]  No | [ ]  attorney |  |
| [ ]  Yes[ ]  No | [ ]  Law Guardian |  |
| [ ]  Yes[ ]  No | [ ]  DCP&P Case WorkerLocal Office:  |  |

|  |  |  |
| --- | --- | --- |
| [ ]  Yes[ ]  No | [ ]  DCP&P Supervisor |  |
| [ ] Yes[ ] No | [ ]  DAG |  |
| [ ]  Yes[ ]  No | [ ]  CASA |  |
| [ ]  Yes[ ]  No | [ ]  Paternal Relatives (specify): |  |
| [ ]  Yes[ ]  No | [ ]  Maternal Relatives (specify): |  |
| [ ]  Yes[ ]  No | [ ]  Resource Family Member(specify name and child's name): |  |
| [ ]  Yes[ ]  No | [ ]  Resource Family Member(specify name and child's name): |  |
| [ ]  Yes[ ]  No | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| [ ]  Yes[ ]  No | [ ]  Child (specify) **Complete this section only if child is ordered to participate** |  |
| [ ]  Interpreter (Language and party): |  |
| Writ/Notice to Produce Required for Incarcerated Party: | [ ]  Yes  | [ ]  No |
| Facility: |  |

|  |  |
| --- | --- |
| **Issues for mediation:** |  |
| [ ]  Services | [ ]  Custody/Visitation |
| [ ]  Domestic Violence |  |
| [ ]  Placement | [ ]  Permanency Planning |
| [ ]  Reunification | [ ]  Communication/relational issues |
|  | [ ]  Other issues or limitation on matters:(specify): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Next Court Date: |  | Time: |  |  |
| Judge: |