**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 Worker  Local 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: | | | | |