

**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) |
|---|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Mother | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Mother's attorney | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Father | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Father's attorney | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Father | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Father's attorney | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Law Guardian | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> DYFS Case Worker Local Office: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> DYFS Supervisor | |

| Noticed in Court? | Participant | Name/Address/Telephone (work, home & cell) |
|---|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> DAG | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> CASA | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Paternal Relatives (specify): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Maternal Relatives (specify): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Resource Family Member (specify name and child's name): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Resource Family Member (specify name and child's name): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Child (specify) Complete this section only if child is ordered to participate | |
| <input type="checkbox"/> Interpreter (Language and party): | | |
| History of Domestic Violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: | | |
| Writ/Notice to Produce Required for Incarcerated Party: <input type="checkbox"/> Yes <input type="checkbox"/> No Facility: | | |

| | |
|---|--|
| Issues for mediation: | |
| <input type="checkbox"/> Services <input type="checkbox"/> Placement <input type="checkbox"/> Reunification | <input type="checkbox"/> Custody/Visitation <input type="checkbox"/> Permanency Planning <input type="checkbox"/> Communication/relational issues <input type="checkbox"/> Other issues or limitation on matters: (specify): |

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