



**New Jersey Judiciary**  
**Child Welfare Mediation Referral Form**  
**(Internal Use Only)**

Case Name	
Case Docket Number(s)	Date of Referral
Children	
Date/Time of Mediation	Mediation requested by

**Persons ordered to mediation:**

Noticed in Court?	Participant	Name/Address/Telephone (work, home & cell)/Email
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attorney	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attorney	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent 3	

Noticed in Court?	Participant	Name/Address/Telephone (work, home & cell)/Email
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 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"/> DCP&P Case Worker Local Office:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DCP&P Supervisor	
<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):	

Noticed in Court?	Participant	Name/Address/Telephone (work, home & cell)/Email
<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 Parent (or Adoptive Parent) (specify name and child's name):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Resource Parent (or Adoptive Parent) (specify name and child's name):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child (specify)  <b>Complete this section only if child is ordered to participate</b>	

Contact the local ADA coordinator for any ADA accommodations.			
<input type="checkbox"/> spoken language interpreter required	Language: _____		
Writ/Notice to Produce Required for Incarcerated Party: <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>			
If Yes, facility: _____			
<b>Issues for mediation:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Services  <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Placement  <input type="checkbox"/> Reunification </td> <td style="width: 50%; vertical-align: top;"> <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): _____ </td> </tr> </table>		<input type="checkbox"/> Services <input type="checkbox"/> Domestic Violence <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): _____
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Next Court Date: _____ Time: _____			
Judge: _____			