

REFERRAL FOR MEDIATION OF A CHILD PROTECTION MATTER

Date of Referral: _____ New Return → prior file # _____

REGION (Please circle): Hamilton Brant Niagara Haldimand-Norfolk

REFERRAL SOURCE:

- Self Mrs. Self Mr. Society Judge Duty Counsel On-site Mediator
- Court Staff OCL Lawyer Clerk (1st appearance) Other _____

COURT RELATED:

No Yes → Court File #: _____ next return date: _____

Stage of Proceedings: prior to 1st appear. 1st appear. case conf. sett. conf. trial mgmnt.

Terms of Existing Court Order, plan of care, temporary agreement with respect to the issues to be mediated?

ISSUES TO BE MEDIATED:

	FATHER	MOTHER	
Name			
Relationship to Child(ren)			
Address			
D.O.B.			
Employment			
Best time for appt.'s			
Res. Phone			
Bus. Phone			
Other Phone/Contact			
Lawyer			
Lawyer's Phone			

			AGENCY: CAS / CCAS
Name			Name of Social Worker:
Relationship to Child(ren)			
Address			
D.O.B.			-----
Employment			-----
Best time for appt.'s			-----
Res. Phone			-----
Bus. Phone			
Other Phone/Contact			
Lawyer			Society Counsel
Lawyer's Phone			

CHILDREN	SEX	DATE OF BIRTH	RESIDING WITH / RELATIONSHIP TO CHILD:

PLEASE FAX THE COMPLETED REFERRAL FORM TO THE MEDIATION CENTRE OF HAMILTON

FAX NUMBER: 905-526-8580

FOR MORE INFORMATION CONTACT THE MEDIATION CENTRE AT 905-526-8446

<u>MEDIATION CENTRE USE ONLY:</u>	
Mediator Assigned: _____	Mediation File #: CP _____
Date of Assignment: _____	Date of Consent: _____
Case Recommendation: _____	