

**MEDIATION REFERRAL (Please Print)**

Referral Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

FF # \_\_\_\_\_

Judge: \_\_\_\_\_

Law Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Are there currently any **ORDERS OF PROTECTION** or **STAY AWAY ORDERS** on file? \_\_\_\_\_

Has the **ORDER BEEN LIFTED BY THE JUDGE** in order to participate in the mediation? \_\_\_\_\_

Has **CHILD PROTECTIVE SERVICES** ever been involved with this family? \_\_\_\_\_

**Petitioner Name** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Respondent Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Mediation Availability: Tuesday \_\_\_\_\_, Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Time: 10:00 am thru 1:00pm Thursday Eve: 4:00, 4:30 or 5:30 \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Custody/Visitation: \_\_\_\_\_ Support/Support Modification: \_\_\_\_\_ Parent/Child: \_\_\_\_\_

Issues to Mediate/Background \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_