

# THE MEDIATION CENTRE REFERRAL

Date of Referral: \_\_\_\_\_  New  Return→prior file # \_\_\_\_\_

Date of Consent: \_\_\_\_\_

**REFERRAL SOURCE:**

- Self Mrs.  Self Mr.  Self Both  Judge  Duty Counsel  On-site Mediator
- Court Staff  IRC  Lawyer  Clerk (1<sup>st</sup> appearance)  Other \_\_\_\_\_

**COURT RELATED:**

No  Yes→ Court File #: \_\_\_\_\_ next return date: \_\_\_\_\_

Stage of proceedings:  prior to 1<sup>st</sup> appear.  1<sup>st</sup> appear.  case conf.  sett. conf.  trial mgmnt.

**ISSUES TO BE MEDIATED:**

**PARENTING:**

- custody/decision making
- residential plan
- time sharing
- involvement of others

**FINANCIAL:**

- child support
- spousal support
- division of property
- other: \_\_\_\_\_

Notes:

|                       | FATHER | MOTHER |
|-----------------------|--------|--------|
| Name                  |        |        |
| Address               |        |        |
| D.O.B.                |        |        |
| Employment            |        |        |
| Best time for appt.'s |        |        |
| Res. Phone            |        |        |
| Bus. Phone            |        |        |
| Other Phone/Contact   |        |        |
| Lawyer                |        |        |
| Lawyer's Phone        |        |        |
| Income/Fees Set At:   |        |        |

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

| CHILDREN | SEX | DATE OF BIRTH | RESIDING WITH: |
|----------|-----|---------------|----------------|
|          |     |               |                |
|          |     |               |                |
|          |     |               |                |