

REFERRAL FOR MEDIATION OF A CHILD PROTECTION MATTER AT THE MEDIATION CENTRE

Date of Referral _____ () New () Return Prior File # _____

Society (please Circle): Hamilton CAS Hamilton CCAS FACS Niagara

Child and Family Services of Grand Erie CAS Other _____

Court Related

() No () Yes Court File Number _____ Next Court Date _____

Stage of Proceeding () Prior to 1st Appearance () First Appearance

() Case Conference () Settlement conference () Trial Management

Terms of Existing Court Order, Plan of Care, Temporary Agreement

Issues to be Mediated:

	Participant 1	Participant 2
Name		
Relationship to child(ren)		
Address		
Date of Birth		
Employment		
Best Time for Appts		
Telephone		
Email		
Lawyer		
Lawyer's Phone		
Lawyer's Email		

Other Participants	Participant 3	Participant 4	Participant 5
Name			
Relationship to child(ren)			
Address			
Date of Birth			
Employment			
Telephone			
Email			

Lawyer			
Lawyer's Phone			
Lawyer's Email			

Other Participants	Society Worker	Society Counsel	OCL
Name			
Office Telephone			
Cell Number			
Email Address			

Children	Date of Birth	Who does the child Reside with?

Are there any accessibility issues we need to be aware of?

() No

() Yes: _____

Is this a First Nation Family?

() No

() Yes Name of Band Rep. _____ Telephone _____

- Yes The Society has notified the Office of the Children's Lawyer
- No There is already a OCL appointed

For More Information or to consult on a possible referral, please contact The Mediation Centre at 905-849-0417 or via email at centre@mediation.on.ca.

Referrals should be faxed to 1-866-423-5013.