



CHILD PROTECTION MEDIATION REFERRAL INFORMATION

Referred By: _____

Date of Referral: _____

MCFD Information

Social Worker: _____

Team Leader: _____

Will the Team Leader be participating in the Mediation? Yes - No

Office Code: _____

Phone/Fax: _____

Email: _____

Director's Counsel: _____

Will Director's Counsel be participating in the Mediation? Yes - No

Court Process Information

Court File #: _____ Court Location: _____ Next Scheduled Court Date: _____

Court Order being sought: _____

Point in Court Process: Referred before a court hearing Adjourned for mediation
 Referred from a judicial case conference

Children at Issue

| Child's Name | Date of Birth (YYYY/MM/DD) | Person ID # | Case Type (CS or FS) | ICM Case # | Aboriginal |
|--------------|-------------------------------|-------------|-------------------------|------------|------------|
| | | | | | Yes ☉ No ☉ |
| | | | | | Yes ☉ No ☉ |
| | | | | | Yes ☉ No ☉ |
| | | | | | Yes ☉ No ☉ |

Will any of the Children be involved in the mediation process? Yes - No

Participants *(Please fill out information for each party. Add boxes if required)*

| | |
|---------------------------------------|--|
| Name & relationship to the Child(ren) | |
| Telephone & Email | |
| Legal Counsel's Name | |
| Counsel's Telephone & Email | |

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|---------------------------------------|--|
| Name & relationship to the Child(ren) | |
| Telephone & Email | |
| Legal Counsel's Name | |
| Counsel's Telephone & Email | |

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| Counsel's Telephone & Email | |

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|---------------------------------------|--|
| Name & relationship to the Child(ren) | |
| Telephone & Email | |
| Legal Counsel's Name | |
| Counsel's Telephone & Email | |

Are there any cultural or accessibility considerations?

Any comments concerning scheduling, time frame for the mediation, etc.?



Please Return:
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