

MEDIATION REFERRAL FORM

Please complete and return by e-mail to Connie McLeod connie@tbaycounselling.com or fax (807) 344-3782

Date of Referral: _____ Date of Consent: _____

REFERRAL SOURCE:

- Self Ms/Mrs Self Mr. Judge Duty Counsel Community Agency _____
 Lawyer _____ CAS _____ Other _____
 Both parties are in agreement with the referral

COURT RELATED:

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

Stage of proceedings: prior to 1st appear. 1st appear. case conf. sett. conf. trial mgmt.

ISSUES TO BE MEDIATED:

PARENTING:

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

FINANCIAL:

- child support
 spousal support
 division of property
 other: _____

CHILD PROTECTION REFERRAL

CAS Worker : _____

	FATHER or Party 1	MOTHER or Party 2
Name		
Address		
D.O.B.		
Employment		
Best time for appt.'s		
Res. Phone		
Bus. Phone		
Other Phone/Contact		
Lawyer		
Lawyer's Phone		

Date of Marriage: _____ Date of Separation: _____ Date of Divorce: _____

CHILDREN	SEX	DATE OF BIRTH	RESIDING WITH:

*If additional parties or children, please include on second page