

MEDIATION REFERRAL FORM

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

Date of Referral: _____ Date of Consent: _____

REFERRAL SOURCE:

- Self Mrs. Self Mr. Judge Duty Counsel Community Agency _____
- Lawyer _____ CAS _____ Other _____

COURT RELATED:

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

Stage of proceedings: prior to 1st appear. 1st 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: _____

CHILD PROTECTION REFERRAL

- _____
- CAS Worker: _____
- _____

	FATHER	MOTHER
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