

**CHILDREN'S COURT MEDIATION PROGRAM**

**CASE REFERRAL INTAKE**

<b>Date:</b>	<b>County:</b>
<b>Children involved and DOB, if known:</b>	
<b>REFERRAL INFORMATION</b>	<b>Contact information:</b>
<b>Referral Source:</b> <input type="checkbox"/> Court Ordered <input type="checkbox"/> CYFD <input type="checkbox"/> Other _____	
<b>CYFD FACTS #:</b>	<b>Court case JQ #:</b> D-      - JQ -      -
<b>Type of Referral:</b> <input type="checkbox"/> Guardianship <input type="checkbox"/> Open Adoption <input type="checkbox"/> Termination <input type="checkbox"/> Other _____ <input type="checkbox"/> Custody <input type="checkbox"/> Pre-Adjudication <input type="checkbox"/> Pre-Judicial Review <input type="checkbox"/> Pre-Permanency	
<b>Additional case information:</b> (TPR petition filed, Trial date set, Change of plan, Issues for mediation, etc.)	

**PARTIES INVOLVED IN THE REFERRAL AND CONTACT INFORMATION:**

*Please include all phone contact numbers and e-mail addresses.*

<b>Respondents/Birth Parents:</b>
<b>Attorneys for Respondents/Birth Parents:</b>
<b>Permanency Planning Worker/Supervisor:</b>
<b>Children's Court Attorney (CCA):</b>
<b>Child(ren)s' Attorney (GAL)/ Youth Attorney:</b>
<b>Prospective Adoptive Parents (if applicable):</b>
<b>Attorney for Prospective Adoptive Parents (if applicable):</b>
<b>CASA (if assigned):</b>
<b>Other Interested Parties:</b>
<b>Assigned Mediator:</b>
<b>Date, Time &amp; Location of Mediation (if known):</b>