# CLIENT CONTACT LOG

Date:_____ CYFD Facts #:_____ Court Case JQ#: D-_____-JQ-_____-_____

County:_____ Judicial District:_____

Family Names:_____

Youngest Child on the Case: (first & last name):_____

*MEDIATION TYPE= Pre Mediation or (PreM) – Mediation or (Med) – Follow Up or (FUP)

| Date | Client | Type* | Begin Time | End Time | Time Total | Notes |
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# CHILDREN'S COURT MEDIATION PROGRAM

| Date | Client | Type* | Begin Time | End Time | Time Total | Notes |
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