

**Child Protection Mediation Referral Form: Parent/Guardian/Youth/Family Referral**

*Please fill out as much information as you can. If we have your name, the social worker’s name, and the location of the MCFD office involved, we can proceed with the referral. The information given on this form is kept confidential.*

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| **Referral Information**  |  |
| Your Name: |   |  |
| Your Relationship to the Child(ren): |  |  |

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| **MCFD File Information** | **Name**  | **Phone** | **Email Address**  |
| Social Worker: |   |   |   |
| MCFD or ICFSA Office Address: |   |  |

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| **Court Information** |   |  |
| *Next* Scheduled Court Date: |  |  |

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| **Mediation Participants**  |
| Please fill out the boxes below for anyone that may be involved in the mediation besides you and the social worker. *Copy & Paste boxes if required.*  |

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| **Party 1** |
| Name & Role: |   |
| Telephone & email: |   |
| Parent’s Counsel: |   |
| Counsel’s Address/email: |   | Tel:  |

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| **Party 2** |
| Name & Role: |   |
| Telephone & email: |   |
| Parent’s Counsel: |   |
| Counsel’s Address/email: |   | Tel:  |

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| **Party 3** |
| Name & Role: |   |
| Telephone & email: |   |
| Parent’s Counsel: |   |
| Counsel’s Address/email: |   | Tel:  |

***Please describe the following to the best of your abilities:***

**What issues or conflicts require mediation? Please provide a *brief* description, along with the ages & genders of any children/youth involved.**

**Are there any barriers that may impact the effectiveness of the mediation? Are there social, cultural, or health factors that should be considered? i.e wheelchair accessible spaces, Band involvement, translation, etc.**

**What is the expected time frame for the mediation? When do you hope to mediate by?**

**Parent/guardian and youth involvement in mediator choice is encouraged. If you have any preferences, please describe your preferences or the name of your requested mediator, and your reasons for the request. You can view our list of mediators on our website or request more information from us if needed.**

***Thank you for filling out the Mediation Referral Form.***

***Please send this form to*** ***cpmediation@mediatebc.com*** ***and we will be in contact shortly.***