

**Child Protection Mediation Referral Form:**

**Professional/Social Worker/Lawyer Referral**

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| **REQUIRED REFERRAL INFORMATION**  ***Please fill out all non-shaded fields.*** | | | |  |
| **FILE NAME (last names):** |  | | |  |
| **Date of Referral Submission:** |  | | |  |
| **Referral Source/ Contact:** |  | | |  |
| **City/Region:** |  | | |  |
| **MCFD/ICFSA Office Code:** |  | | |  |
| **MCFD/ICFSA File Information** | **Name & Pronouns** | **Phone** | **E‐mail Address** | |
| **Social Worker:** |  |  |  | |
| **Team Leader:** |  |  |  | |
| **Director’s counsel:** |  |  |  | |
| ***CFCSA* Court Process Information** |  | |  | |
| **Next scheduled court date if applicable:** |  | | |  |
| **Court order being sought if applicable:** |  | **Court File Number(s) if applicable:** | |  |
| **Requested timeframe for mediation (ex.“within 4 weeks”)** |  | **Names, ages & genders of children/youth involved:**  **(ex. “cis female, age 2”)** | |  |

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|  | **Other Counsel (ex. Child(ren)’s Counsel/Nation’s Counsel)** | |  |
| **Name & Pronouns:** |  | |  |
| **Email:** |  | Tel: | |
| **Counsel’s Role:** |  | |  |

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|  | **Band/Indigenous Representative (if applicable)** | |  |
| **Name & Pronouns:** |  | |  |
| **Nation:** |  | |  |
| **Email:** |  | Tel: | |

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| **Mediation Participants** | | |
| **REFERRAL INSTRUCTIONS:** *Please fill out complete contact information for each party.* | | |
| **Main Party #1 (Parent/Guardian)** | | |
| **Name, Pronouns & Role:** |  | |
| **Telephone & email:** |  | |
| **Parent’s Counsel:** |  | |
| **Counsel’s Email:** |  | Tel: |

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|  | **Main Party #2 (Parent/Guardian)** | |  |
| **Name, Pronouns & Role:** |  | |  |
| **Telephone & email:** |  | |  |
| **Parent’s Counsel:** |  | Tel: | |
| **Counsel’s Email:** |  | |  |

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|  | **Main Party #3 (Parent/Guardian/Nation/Other)** | |  |
| **Name, Pronouns & Role:** |  | |  |
| **Telephone & email:** |  | |  |
| **Parent’s Counsel:** |  | Tel: | |
| **Counsel’s Email:** |  | |  |

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| **Our referral process aims to provide a fair & equitable distribution of mediation referrals to mediators. We also encourage Parent/Guardian/Youth involvement in selecting a mediator. If they have been consulted, please note their preferences/requested mediator, and their reasons for the request:** |
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| **The Director/Counsel/Social Worker is requesting the following mediator (You MUST specify who is making the request, and give a specific reason for why you are requesting the mediator):** |
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**Is an Indigenous mediator requested for this mediation?**

Yes ☐

No ☐

**The parties involved would prefer this mediation to take place in the following format:**

In-Person ☐

Virtual ☐

Hybrid (in-person and virtual) ☐

Undecided ☐

**Early referrals to mediation are encouraged. An early referral is within 3 months of a Presentation Hearing. Is this an early referral to mediation?**

Yes ☐

No ☐

**Optional: Please share any other information you feel would be helpful in assigning an appropriate mediator.**

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

***Please send this form to*** [***cpmediation@mediatebc.com***](mailto:cpmediation@mediatebc.com) ***and we will be in contact shortly.***