

Child Protection Mediation Referral Form

Required Referral Information

File Name (Last Names): _____ MCFD/ICFSA Office Code: _____ City/Region: _____

Referral Source/Contact: _____ Date of Referral Submission: _____

Requested Timeframe for Mediation ("within 3 weeks", or "prior to January 5th"): _____

Questions

Has a specific mediator previously worked on this file, and would the parties like to continue working with them?

- No, this is a new file
 Yes, but we would like a new mediator assigned
 Yes, we would like to work with the following mediator again: _____
- The parties have not been consulted

Our referral process aims to provide an equitable distribution of mediation referrals to mediators. We also encourage Parent/Guardian/Youth involvement in selecting a mediator. Please specify who is making the request, and the reasons for the request:

- Unknown
 They have been consulted and have made the following request(s): _____

The Director/Counsel/Social Worker is requesting the following mediator. Please specify who is making the request, and the reasons for the request:

- No requests They have made the following request(s):

Is an Indigenous mediator requested for this file? (You may select multiple options)

- Yes, First Nations Yes, Métis No Unknown

The parties involved would prefer the following format for mediation:

- In-Person Virtual Hybrid 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 Unsure

Are there orders in place that may prevent parties from attending mediation together?

- No Unsure Yes (please specify below)

Please share any other information that would be helpful in assigning a mediator:

MCFD/ICFSA File Information

Social Worker: _____ Email: _____ Phone: _____

Team Leader: _____ Email: _____ Phone: _____

Director's Counsel: _____ Email: _____ Phone: _____

CFCSA Court Process Information & Child/Youth Information

Next Scheduled

Court Date (if
applicable): _____

Court Order

Being Sought: _____

Court File No.: _____

Please give the Name & Pronouns (if known), Date of Birth (DOB), and Gender of each child/youth involved below. *Gender refers to the following: cis-female, cis-male, non-binary, transgender, gender fluid, Two Spirit, etc. This information is collected for statistical purposes and to ensure that the mediator does not misgender a child/youth.*

Name &

Pronouns: _____

DOB: _____

Gender: _____

Name &

Pronouns: _____

DOB: _____

Gender: _____

Name &

Pronouns: _____

DOB: _____

Gender: _____

Name &

Pronouns: _____

DOB: _____

Gender: _____

Name &

Pronouns: _____

DOB: _____

Gender: _____

Party Information

Child's

Counsel/Nation's

Counsel: _____

Email: _____

Phone: _____

Indigenous/Band

Representative: _____

Email: _____

Phone: _____

Main Party 1 (Parent/Guardian):	_____	Email:	_____	Phone:	_____
Counsel for Main Party 1:	_____	Email:	_____	Phone:	_____
Main Party 2 (Parent/Guardian):	_____	Email:	_____	Phone:	_____
Counsel for Main Party 2:	_____	Email:	_____	Phone:	_____
Main Party 3 (Parent/Guardian/Other):	_____	Email:	_____	Phone:	_____
Counsel for Main Party 3:	_____	Email:	_____	Phone:	_____
Other Party Attending:	_____	Email:	_____	Phone:	_____
Other Party Attending:	_____	Email:	_____	Phone:	_____

Thank you for filling out the Child Protection Mediation Referral Form.

Please send this form to cpmediation@mediatebc.com and the CPMP Coordinator will be in contact shortly. If needed, please attach a separate sheet with any additional information that does not fit on the given form. All information is kept confidential and adheres to applicable privacy legislation.