

# 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 parties to share specific preferences when applicable. Please specify who is making the request and the reasons for the request:**

- Unknown
  The family/guardians & their Counsel have made the following request(s): \_\_\_\_\_

- No requests
  The Director/Social Worker 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)

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**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: \_\_\_\_\_

Legal

Assistant: \_\_\_\_\_ 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](mailto: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.***