

MEDIATION REFERRAL FORM

Please email this form to: jdmed@contracosta.courts.ca.gov
Or fax this form to: FAMILY AND INVESTIGATIVE SERVICES
FAX (925) 608-2110; TEL (925) 608-2076

THIS FORM NEEDS TO BE COMPLETELY FILLED OUT BEFORE E-MAILING OR FAXING!

Case No.: _____ Dept. No.: _____

Case Name & Minor's Age: _____

Mediation Date: _____ Time of Mediation: _____ Date of Referral: _____

Place of Mediation (please check one):

- Pleasant Hill CFS Office (500 Ellinwood Way) Richmond Courthouse Antioch CFS Office
 Other: (please specify) _____

Form Submitted By: _____ Caseworker: _____ Date of Next Hearing: _____

Are there DV allegations? Yes No Is there a Restraining order? Yes No

Will client bring a support person to mediation? Yes No

Does client request separate mediation? Yes No

MEDIATION PARTICIPANTS AND COUNSEL

Mother: _____ represented by: _____ Tel: _____ Fax: _____

Father: _____ represented by: _____ Tel: _____ Fax: _____

DSS: _____ represented by: _____ Tel: _____ Fax: _____

Minor: _____ represented by: _____ Tel: _____ Fax: _____

Other: _____ represented by: _____ Tel: _____ Fax: _____

Hearing Type:

- Jurisdiction
 Disposition
 Review

Mediation requested by:

- Court DSS
 Mother Minor
 Father Other

Case Type:

- 300(a) 300(g)
 300(b) 300(j)
 300(c)

STATEMENT OF SPECIFIC ISSUES TO BE MEDIATED:

- | | |
|--|---|
| <input type="checkbox"/> Language of Petition | <input type="checkbox"/> Placement |
| <input type="checkbox"/> Dispositional Arrangements | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Terms of Family Maintenance/Reunification Plan | <input type="checkbox"/> Contents of Court Report |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Drug Testing |
| <input type="checkbox"/> Termination of Services | <input type="checkbox"/> Availability of Services |
| <input type="checkbox"/> Other Issues or Limitations on the Matters to be Discussed: | |

*Please fill out the section below if an interpreter has been ordered:

Language: _____ For (mom, dad, etc.) _____

***If an interpreter is needed for this mediation, the department hearing the matter needs to order the interpreter. Please make sure that an interpreter has been ordered before faxing this referral; Family and Investigative Services is NOT responsible for ordering an interpreter.