

1064 Dew Drop Road Sudbury, ON P3G 1L2

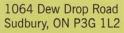
Tel: 705.561.7327 Fax: 705.674.2227

kelly@northernmediation.ca

MEDIATION REFERRAL FORM

Please return completed form to kelly@northernmediation.ca

Date of Referral:		Date of Consent:		
Day	Month Year	Day	Month Year	
Referral Source:	□ Self			
	□ Judge			
	□ Duty Counsel			
	□ Community Agency:			
Court Related:	□No			
	□ Yes – Court File #	Next Return Date:		
			Day Month Year	
Stage of Proceedings:	□ prior to 1 st return date			
	□ 1 st return date			
	□ Case Conference			
	□ Settlement Conference			
	□ Trial Management			
Issues for Mediation:				
<u>PARENTING</u>		<u>FINANCIAL</u>		
□ Custody and/or Decision Making		□ Child Support		
□ Residential Plan		□ Spousal Support		
□ Access or Time Sharin	ng	☐ Division of Property		
□ Involvement of Others		□ Other:		



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Day

Month

Year

FATHER MOTHER NAME ADDRESS DATE OF BIRTH **EMPLOYMENT BEST TIME FOR APPOINTMENTS** RESIDENTIAL **PHONE BUSINESS PHONE** OTHER CONTACT **INFORMATION** LAWYER LAWYER'S PHONE Date of Marriage: _ Date of Separation: Day Month Year Day Month Year Date of Divorce: ___

CHILDREN'S NAMES	SEX	DATE OF BIRTH	RESIDING WITH

^{*}Please include additional information on a separate page if required.