



Comprehensive Dispute Resolution

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: _____
Day Month Year

Date of Consent: _____
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 1st return date
 1st return date
 Case Conference
 Settlement Conference
 Trial Management

Issues for Mediation:

PARENTING

- Custody and/or Decision Making
- Residential Plan
- Access or Time Sharing
- Involvement of Others

FINANCIAL

- Child Support
- Spousal Support
- Division of Property
- Other: _____



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	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: _____
 Day Month Year

Date of Separation: _____
 Day Month Year

Date of Divorce: _____
 Day Month Year

CHILDREN'S NAMES	SEX	DATE OF BIRTH	RESIDING WITH

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