

THE MEDIATION CENTRE/MEDIATION NORTH REFERRAL

Date of Referral: _____ ()New ()Return Prior File # _____

Date of Consent: _____ ()In-person ()Via technology ()Either

Referral Source: ()Self _____ ()Judge _____ ()Lawyer ()Duty Counsel
 ()Advice Lawyer ()Court Staff ()IRC ()On-site Mediator ()Other _____

Court Related?: ()No ()Yes Court File # _____ Next Court Date: _____

Issues to be Mediated: ()Parenting Plan ()Child Support ()Spousal Support
 ()Division of Property ()Other _____

	Participant 1:	Participant 2:
Name		
Address		
DOB		
Employment		
Best times for appts		
Telephone		
Email Address		
Lawyer		
Lawyer Telephone		
Lawyer Email		
Income		
Fees Quoted at		

Date Living Together: _____ Date of Marriage: _____

Date of Separation: _____ Date of Divorce: _____

CHILDREN	Gender	Date of Birth	Age	Residing With: