

**Mediation Referral Form  
 Family Court Resource Service  
 103 N. Main St., Suite 200  
 Independence, MO 64050  
 Phone: 816-881-1814/FAX: 816-881-1819**

**Date:** \_\_\_\_\_ **Next Court Hearing:** \_\_\_\_\_ **Judge/Div.** \_\_\_\_\_

**Status of case:** Concurrent Planning \_\_\_ Reunification \_\_\_ Guardianship/Adoption \_\_\_

**Referred by (if court ordered please send copy of the order):** \_\_\_\_\_

**Youth Information**

Name	JV/TPR Number	Life Number

**Parent names, address and phone**

Name	Relationship to children	Address/Phone

**Current Placement name, address, phone**

Name	Relationship-Child(ren)	Address/Phone

**Attorney Information (including CASA/OGAL/GAL and AJO)**

<b>Attorney Name</b>	<b>Address/Phone/Fax</b>	<b>Client</b>

**Children's Division Worker and other service providers that are to attend**

<b>Name</b>	<b>Agency</b>	<b>Address/phone/fax</b>

**Other Parties (relatives, friends, etc.) that will help facilitate the process**

<b>Name</b>	<b>Relationship to case</b>	<b>Address/phone</b>

**Why is this case being referred to mediation? The information on this page ONLY will be forwarded to all parties.**