

Mediation Referral Form
Family Court Resource Service
3100 Main Suite 304
Kansas City, Mo 64111
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)

Attorney Name	Address/Phone/Fax	Client

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

Name	Agency	Address/phone/fax

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

Name	Relationship to case	Address/phone

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