

REFERRAL FOR MEDIATION AND PARENT EDUCATION

CASE NO. _____

Mother: _____ Father: _____

Address: _____ Address: _____

Telephone: (H) _____ Telephone: (H) _____
(W) _____ (W) _____

Attorney: _____ Attorney: _____

Best times to reach you: _____ Best times to reach you: _____

Children's Names Birthdates

_____(Married) _____(Divorced) _____(Not Married) _____(Other)

Guardian ad Litem No _____
Yes _____ Name of Guardian ad Litem _____

Date of Hearing, if any: _____

- Type of Case:
- Custody: _____
 - Physical Placement (visitation): _____
 - Restraining Order: _____
 - Other _____

Honorable Timothy J. Adler
Director of Family Court Counseling Services
Family Court Commissioner

Date