

**Mediation Referral Form
Family Court Resource Service
3100 Main Suite 204
Kansas City, MO 64111
Phone: 816-881-1814/FAX: 816-881-1819**

Date: _____ **Next Court Hearing:** _____

Status of case: concurrent planning___ reunification___ guardian/adopt___

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	Relation (only if relative provider)	Address/Phone

Attorney Information (including CASA, GAL and AJO)

Attorney Name	Address/Phone	Client

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

Name	Agency	Address/phone

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

Name	Agency	Address/phone

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