



CITY OF _____ REFERRAL FORM

For office use only
CMS CASE NO:

(TO: Community Mediation Services, Inc.)

Referring/Contact Person: _____

Phone: _____

File # _____

Fax: _____

- City Council
City Staff

- Human Relations
Police Department

Other: _____

Are the parties aware of the referral to mediation? Yes No
Have they agreed to mediate? Yes No

People Involved:

PARTY 1: Name Address Phone
PARTY 2: Name Address Phone
PARTY 3: Name Address Phone
PARTY 4: Name Address Phone

TYPE OF DISPUTE:

- Business-Consumer Interpersonal Property Issue
Citizen-Agency Juvenile Offenders School
Family Landlord-Tenant Victim-Offender
Harassment Neighbor to Neighbor
Human Rights Other

Please use back of form for any additional parties and/or information.

MAIL TO: Community Mediation Services, Inc. (formerly NHMP) (763)561-0033
9220 Bass Lake Road, Suite 270, New Hope MN 55428
FAX TO: (763) 561-0266
Police officers: Please include police report.

Providing opportunities to resolve conflicts effectively and respectfully.