



Juvenile Referral Form

Referring/Contact Person: _____
 School (if applicable): _____
 Phone: _____ Fax or e-mail: _____

- Juvenile Offense
 Juvenile/ Juvenile Conflict
 Juvenile/ Teacher Conflict
 Juvenile/ Family Conflict
 Other _____

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

Juvenile/Other 1 Name: _____ Date of birth: _____ Gender: M/ F Address: _____ _____ Phone: _____	Juvenile/Other 2 Name: _____ Date of birth: _____ Gender: M/ F Address: _____ _____ Phone: _____
Juvenile/Other 3 Name: _____ Date of birth: _____ Gender: M/ F Address: _____ _____ Phone: _____	Juvenile/Other 4 Name: _____ Date of birth: _____ Gender: M/ F Address: _____ _____ Phone: _____

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

Description of Dispute:

- Fighting
 Pushing
 Cyberbullying
 Harassment
 Property Damage
 Rumors
 Threatening
 Disorderly Conduct
 Other _____

E-mail to: restorative@mediationprogram.com
Fax to: (763) 561-0266
Mail to: Community Mediation Services, Inc. (formerly NHMP)
 9220 Bass Lake Road, Suite 270, New Hope MN 55428
Website: www.CommunityMediationS.org

Providing opportunities to resolve conflicts effectively and respectfully.