



For office use only
CMS CASE NO:

COMMUNITY AGENCY REFERRAL FORM

(TO: Community Mediation Services, Inc.)

Referring/Contact Person: _____

Phone: _____

Agency _____

Fax: _____

File # _____

City Council

Human Relations

Other: _____

City Staff

Police Department

Are the parties aware of the referral to mediation?

Yes No

Have they agreed to mediate?

Yes No

People Involved:

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

Providing opportunities to resolve conflicts effectively and respectfully.