

Petition # (s):					
Name of Case(s):					
Case Status:					
Mother's Name:			Phone #: ()	Email	
CONFIDENTIAL	Yes	No			
Mother's Attorney:			Phone #: ()	Email	
Father's Name:			Phone #: ()	Email	
CONFIDENTIAL	Yes	No			
Father's Attorney:			Phone #: ()	Email	
Social Worker:			Phone #: ()	Email	
City Attorney:			Phone #: ()	Email	
Minor's Counsel:			Phone #: ()	Email	
CASA:			Phone #: ()	Email	
Other:			Phone #: ()	Email	
Other:			Phone #: ()	Email	
Name(s) of Child(ren) who's matt	ers are to be add	dressed in mediation:		
	,			Date of Birth/_	/
Last		First			
Last		First		Date of Birth/_	
Last		First	·	Date of Birth/_	/
				Date of Birth/_	
Last		First		Date of Birth/_	/
Last		First			

Interpreter Requested?	Yes	No	Language:						
History of Domestic Violence?	Yes		No						
Current Restraining Order?	Yes		No						
Will all parties and counsel be attending?			Yes	No					
If not, who will NOT be attending:									
Has the Court invited non-parti	Last es to participate	?	Yes	First No	Middle Initial				
If yes, indicate names:			First	APARIL LANGE					
Last			First	Middle Initial					
Matters to be mediated:									
Exit order		Parental concerns with services/case plan							
Social worker/Parent cor worker/Birth family.	nflict which interf	Foster parent conflicts wi	ith Agency/Social						
Significant breakdown in	parental complia	Services coordination issues							
Placement Issues: Please specify below									
Visitation Issues: Please specify below									
Other: Please specify below									
MEDIATION SCHEDULED FOR:									
Date:			Time:						
Mediator Assigned:									
Date Ordered:			Assigned from Department:						
Return to Court Date:									