

**Community Mediation & Restorative Services, Inc.**

Referring/Contact Person: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or e-mail: \_\_\_\_\_

Student                      Student/Student                      Student/Teacher  
Student/Family              Other \_\_\_\_\_

Are the students aware of the referral?      Yes      No      Have they agreed to participate?      Yes      No

<p><b>Student 1</b> Name: _____ City: _____ Grade ____ Age: ____ Gender: _____ Race: _____ Hispanic (choose one):    yes    no</p>	<p><b>Student 2</b> Name: _____ City: _____ Grade ____ Age: ____ Gender: _____ Race: _____ Hispanic (choose one):    yes    no</p>
<p><b>Student 3</b> Name: _____ City: _____ Grade ____ Age: ____ Gender: _____ Race: _____ Hispanic (choose one):    yes    no</p>	<p><b>Student 4</b> Name: _____ City: _____ Grade ____ Age: ____ Gender: _____ Race: _____ Hispanic (choose one):    yes    no</p>

**Description of Dispute:**

Fighting                      Pushing                      Cyberbullying  
Harassment                      Rumors                      Threatening  
Property Damage                      Disorderly Conduct                      Other \_\_\_\_\_

Email to: [referrals@CMRSmn.org](mailto:referrals@CMRSmn.org)  
Fax to: 763-561-0266

Mail to: Community Mediation & Restorative Services, Inc  
9220 Bass Lake Road, Suite 270 New Hope, MN 55428  
(Attn: MiaLisa)

Website: CMRSmn.org