



POLICE/CITY/COMMUNITY AGENCY REFERRAL FORM

(TO: Community Mediation & Restorative Services, Inc.)

Referring/Contact Person: _____ **Phone:** _____
City/Agency: _____ **Fax:** _____
File # _____ **Email:** _____

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> City Council | <input type="checkbox"/> Human Relations | <input type="checkbox"/> Organization |
| <input type="checkbox"/> City Staff | <input type="checkbox"/> Police Department | Other: _____ |

Are the parties aware of the referral to mediation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have they agreed to mediate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Business-Consumer | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Property Issue |
| <input type="checkbox"/> Citizen-Agency | <input type="checkbox"/> Juvenile Offenders | <input type="checkbox"/> School |
| <input type="checkbox"/> Family | <input type="checkbox"/> Landlord-Tenant | <input type="checkbox"/> Victim-Offender |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Neighbor to Neighbor | |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Other _____ | |

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

Police officers: Please include police report.

<p>EMAIL TO: staff@mediationprogram.com MAIL TO: Community Mediation ('Tguyqt cv&g'Services, Inc. (763)561-0033 9220 Bass Lake Road, Suite 270, New Hope MN 55428 FAX TO: (763) 561-0266</p>
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