



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

Grid with 4 columns: Juvenile/Other 1, Juvenile/Other 2, Juvenile/Other 3, Juvenile/Other 4. Each column contains fields for Name, Date of birth, Gender, Address, and 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, Shoplifting

E-mail to: referrals@cmfs.org
Fax to: (763) 561-0266
Mail to: Community Mediation & Restorative Services, Inc.
9220 Bass Lake Road, Suite 270, New Hope MN 55421

Providing opportunities to resolve conflicts effectively and respectfully.