![MediateBC logo]

CHILD PROTECTION MEDIATION PROGRAM
Adoption Openness Mediation Learning Project

(AOM)

DRAW DOWN FORM   *Initiating a Contract to Provide an Adoption Openness Mediation Service*

This form **MUST** be completed to enter into a contract and **MUST** be submitted to the **Mediate BC CPMP** office **IMMEDIATELY UPON ACCEPTING A REFERRAL FOR A MEDIATION SERVICE.**

| MEDIATOR NAMES(S):
 1._____
 (Mediator who received the referral)
 2._____
 (co-mediator, if applicable) | Is this for a co-mediation?
 Yes ☐   No ☐

 Mediator Reference Code:
 (letters or initials to help you recognize the file) | Contract No:
 1.

 2. |

Referral Information

SOCIAL WORKER'S NAME:	DATE REFERRAL ACCEPTED: *(YYYY/MM/DD)*

MCFD ☐   DAA ☐   Office Code (if not known check list of office codes): _____

Source of Referral: _____   Service Delivery Area: _____
(Referral Initiated by)

Is this service a follow-up from a previous mediation? Yes ☐   No ☐

If yes, provide date of previous mediation (YYYY/MM/DD):_____

Issues to be mediated, as identified at time of referral:

Child(ren)	Age Range Eg. Under 1; 1-2; 3-5; 6-12; 13-15; 16-18	(✔ if child is Indigenous)	Child(ren)	Age Range Eg. Under 1; 1-2; 3-5; 6-12; 13-15; 16-18	(✔ if child is Indigenous)
1) Child #1		☐	4) Child #4		☐
2) Child #2		☐	5) Child #5		☐
3) Child #3		☐	6) Child #6		☐

Participants Involved / attending an openness mediation: *(no names required)*	Relationship to Child(ren):
Participant #1	
Participant #2	
Participant #3	
Participant #4	

MEDIATOR SIGNATURE:	DATE FORM SUBMITTED TO MEDIATE BC:

To have a contract for mediation services you **MUST** submit this to **Mediate BC attention: CPMP Program Administrator** at:
Mediate BC
Fax: 604 684 1306
Email: cpadmin@mediatebc.com

Office Use Only:
Mediate BC Assigned File #:

Revised July 7, 2020