MediateBC

CHILD PROTECTION MEDIATION PROGRAM
Adoption Openness Mediation Project
SUMMARY OF SERVICE

(AOM)

This form summarizes the service provided and closes the contract initiated by the Draw Down submitted on referral.

Mediator Name(s): 1._____ 2._____	Invoice No: *Required	Mediate BC File #: *Required

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		☐	7) Child #7		☐
2) Child #2		☐	8) Child #8		☐
3) Child #3		☐	9) Child #9		☐
4) Child #4		☐	10) Child #10		☐
5) Child #5		☐	11) Child #11		☐
6) Child #6		☐	12) Child #12		☐

Pending adoption by (check all that apply): ☐ foster parent(s) ☐ relative(s) of child ☐ other guardian(s) of child

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

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

1) Start and End Dates

Date of first orientation session (YYYY/MM/DD):	Date of mediation session (YYYY/MM/DD):

2) Sessions

Location of mediation session: (MCFD Office, Private Office, DAA Office, Other):	# of preparation/orientation sessions:

Mediation process facilitated (choose one):

☐ Mediation (parties met together)
☐ Shuttle Mediation (mediation sessions with the mediator acting as a go-between separately with the parties)
☐ Combination mediation/shuttle mediation
☐ Distance – Teleconference
☐ Distance – Video
☐ Distance – combined Teleconference-Video

3) Who Participated in the Mediation (✔ those applicable)

☐ Adoptive Mother	Grandmother ☐ Maternal ☐ Paternal	☐ Support for Birth Mother
☐ Adoptive Father	Grandfather ☐ Maternal ☐ Paternal	☐ Support for Birth Father
☐ Birth Mother	Aunt ☐ Maternal ☐ Paternal	☐ Support for Child(ren)
☐ Birth Father	Uncle ☐ Maternal ☐ Paternal	☐ Support for Adoptive Mother
# of Children under 12:	Social Worker ☐ Adoption ☐ Guardianship ☐ Orphan	☐ Support for Adoptive Father
# of Youth age 12 – 18:	☐ Team Leader	☐ Foster Parent
☐ Indigenous Representative	☐ Other:	Total # of Participants (excluding mediator)

Revised May 3, 2020

4) Issues (✔ all issues mediated and whether they were resolved):

ISSUE MEDIATED	Issues resolved (with or without agreement) ✔	ISSUE MEDIATED	Issues resolved (with or without agreement) ✔
☐ Child(ren)'s time spent with birth mother	☐	☐ Communication between adoptive parents and birth parents	☐
☐ Child(ren)'s time spent with birth father	☐	☐ Communication between birth parents and child(ren)	☐
☐ Child(ren)'s time spent with other family members	☐	☐ Communication between adoptive family and birth family members	☐
☐ Child(ren)'s time spent with foster family	☐	☐ Other communication issues	☐
☐ Child(ren)'s time spent with others (not otherwise reflected)	☐	☐ Significant life events	☐
☐ Other issues regarding who the child(ren) spends time with	☐	☐ Cultural plan for child(ren)	☐
☐ Future problem-solving process	☐	☐ Other	☐

5) Outcome (✔ appropriate answer; if selecting "d" or "e", please explain why)

a. ☐ All issues referred to mediation were settled	
b. ☐ Some, but not all issues were settled	
c. ☐ No issues were settled	
d. ☐ Mediation ended because:	
e. ☐ Case did not proceed to mediation because:	
f. ☐ Barriers to settlement included:	

6) Number of Hours

Prep / Orientation:	Mediator 1: _____	Mediation Session: _____
	Mediator 2: _____	
	Total: _____	

7) At the end of Mediation was another Mediation scheduled? Yes ☐ No ☐

Date scheduled (YYYY/MM/DD):

Reason for Review / Follow Up:

Did you hand out the Mediation Services Questionnaire? Yes ☐ No ☐

If not, please explain why:

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8) Mediator's Feedback (Your comments are valuable and will contribute to the lessons learned through the AOM Project)

IT IS ESSENTIAL A COMPLETED SUMMARY OF SERVICE FORM BE SUBMITTED TO MEDIATE BC CPMP OFFICE ATTENTION PROGRAM ADMINISTRATOR UPON COMPLETION OF EACH MEDIATION SERVICE (IN ALL CASES; WHETHER THE MEDIATION WAS COMPLETED, DID NOT PROCEED OR THE MEDIATION ENDED).

Summary of Service forms can be sent to the Mediate BC office at:
Email: cpadmin@mediatebc.com
Fax: 604 684 1306

Signature: _____   *Submitted on: _____*

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