

DRAW DOWN FORM

Initiating a Contract to Provide a Child Protection 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. _____ 2. _____	Is this for a co-mediation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract No: 1. _____ 2. _____
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Referral Information

SOCIAL WORKER'S NAME:	DATE REFERRAL ACCEPTED (YYYY/MM/DD):
MCFD <input type="checkbox"/> DAA <input type="checkbox"/>	Office Code (obtain from social worker): _____
Source of Referral: _____	Service Delivery Area: _____
Is this service a follow-up from a previous mediation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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		<input type="checkbox"/>	4) Child #4		<input type="checkbox"/>
2) Child #2		<input type="checkbox"/>	5) Child #5		<input type="checkbox"/>
3) Child #3		<input type="checkbox"/>	6) Child #6		<input type="checkbox"/>

Person(s) in Dispute with the Director: <i>(no names required)</i>	Relationship to Child(ren):
Person #1	
Person #2	
Person #3	

Special Consideration (i.e., cultural, language, co-mediation):
MEDIATOR SIGNATURE: _____ DATE: _____

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

Office Use Only: Mediate BC Assigned File #:
