

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		<input type="checkbox"/>	7) Child #7		<input type="checkbox"/>
2) Child #2		<input type="checkbox"/>	8) Child #8		<input type="checkbox"/>
3) Child #3		<input type="checkbox"/>	9) Child #9		<input type="checkbox"/>
4) Child #4		<input type="checkbox"/>	10) Child #10		<input type="checkbox"/>
5) Child #5		<input type="checkbox"/>	11) Child #11		<input type="checkbox"/>
6) Child #6		<input type="checkbox"/>	12) Child #12		<input type="checkbox"/>

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 <u>first</u> orientation session (YYYY/MM/DD):	Date of mediation session (YYYY/MM/DD):
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**2) Sessions**

Location of mediation session: (MCFD Office, Private Office, DAA Office, Other):	# of preparation/orientation sessions:
Mediation process facilitated (choose one):	
<input type="checkbox"/> Mediation (parties met together) <input type="checkbox"/> Shuttle Mediation (mediation sessions with the mediator acting as a go-between separately with the parties) <input type="checkbox"/> Combination mediation/shuttle mediation <input type="checkbox"/> Distance – Teleconference <input type="checkbox"/> Distance – Video <input type="checkbox"/> Distance – combined Teleconference-Video	

**3) Who Participated in the Mediation (✓ those applicable)**

<input type="checkbox"/> Mother	<input type="checkbox"/> Indigenous <i>Designated Representative</i> as per the CFCSA	<input type="checkbox"/> Mother's Counsel
<input type="checkbox"/> Father		<input type="checkbox"/> Father's Counsel
<input type="checkbox"/> Children under 12: # of Children attended	Other Indigenous Representative (i.e. elder, band, support worker)	<input type="checkbox"/> Child's Counsel
<input type="checkbox"/> Youth age 12 – 18: # of Youth attended	<input type="checkbox"/> Advocate/Support for child <input type="checkbox"/> Advocate/Support for mother <input type="checkbox"/> Advocate/Support for father	<input type="checkbox"/> Director's Counsel <input type="checkbox"/> Involved Professional (i.e. therapist, counsellor, mental health worker)
Grandmother <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Foster Parent/Family Member
Grandfather <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Mediation facilitator/supervisor
Aunt <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal	Other:	
Uncle <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal		
<input type="checkbox"/> Older Sibling(s)	Total number of participants (excluding mediator/s): _____	

**4) CFCSA Orders or Agreements**

Is a CFCSA application before the court? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to obtain information	
Court File Number (if readily available):	
Court Location:	
<input type="checkbox"/> Court hearing adjourned for mediation	<input type="checkbox"/> Referred from judicial case conference
<i>If relevant, check the appropriate order or agreement being sought below:</i>	
<b>Court order or CFCSA Agreement being sought</b>	
<input type="checkbox"/> Interim Custody to Director	<input type="checkbox"/> Access Order
<input type="checkbox"/> Interim Custody to Other	<input type="checkbox"/> Protective Intervention Order
<input type="checkbox"/> Interim Supervision Order	<input type="checkbox"/> Maintenance Order
<input type="checkbox"/> Supervision Order	<input type="checkbox"/> Voluntary Care Agreement (s.6)
<input type="checkbox"/> Extension of a Supervision Order	<input type="checkbox"/> Special Needs Agreements (s7)
<input type="checkbox"/> Temporary Custody Order to Director (TCO)	<input type="checkbox"/> Extended Family Plan (s.8)
<input type="checkbox"/> Extension of a Temporary Custody to Director	<input type="checkbox"/> Youth Agreement (s.12.2)
<input type="checkbox"/> Temporary Custody to Other	<input type="checkbox"/> Other (use only if not listed above):
<input type="checkbox"/> Extension of Temporary Custody to Other	
<input type="checkbox"/> Continuing Custody Order	<b>Impact on Court Process</b>
<input type="checkbox"/> Permanent Transfer of Custody to Other before CCO (s.54.01)	Did the mediation affect the scheduled court hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Permanent Transfer of Custody to Other after CCO (s.54.1)	If Yes, how?

Are FLA proceedings underway?  Yes  No

Are FLA proceedings being considered?  Yes  No

**5) Referral Characteristics (as reported by the directors): (✓ as appropriate)**

<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Physical harm of child by parent
<input type="checkbox"/> Parent / teen conflict	<input type="checkbox"/> Emotional harm of child by parent
<input type="checkbox"/> Special needs of child	<input type="checkbox"/> Sexual abuse or exploitation of child by parent
The parent is unable to meet the child/youth's needs due to parental:	<input type="checkbox"/> Harm of child by another person, and the parent is not protecting <input type="checkbox"/> Neglect <input type="checkbox"/> Other:
<input type="checkbox"/> Mental health concerns	
<input type="checkbox"/> Cognitive capacity/impairment	
<input type="checkbox"/> Problematic substance use	

**6) Issues: (✓ all issues mediated and whether they were resolved – with or without an agreement)**

ISSUES MEDIATED		Issue Resolved ✓	ISSUES MEDIATED	Issued Resolved ✓
Access to child by:	Supervised ✓ <input type="checkbox"/>	<input type="checkbox"/>	Behavior of:	<input type="checkbox"/>
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other family members <input type="checkbox"/> Former foster family <input type="checkbox"/> Others		<input type="checkbox"/>	<input type="checkbox"/> Mother with child <input type="checkbox"/> Father with child <input type="checkbox"/> Other parent with child <input type="checkbox"/> Child while with parent	
<input type="checkbox"/> Other access issues:		<input type="checkbox"/>	Communication issues between:	<input type="checkbox"/>
<input type="checkbox"/> Where/with whom child will reside while in care		<input type="checkbox"/>	<input type="checkbox"/> Parent(s) / child <input type="checkbox"/> Parent(s) / foster parent(s)/child <input type="checkbox"/> Parent(s) and child protection authority	<input type="checkbox"/>
<input type="checkbox"/> Where/with whom child will reside if not in care		<input type="checkbox"/>	<input type="checkbox"/> Other communication issues	<input type="checkbox"/>
<input type="checkbox"/> Other residence issues		<input type="checkbox"/>	<input type="checkbox"/> Other parenting issues	<input type="checkbox"/>
<input type="checkbox"/> Terms/conditions under which child will be returned		<input type="checkbox"/>	<input type="checkbox"/> Services/resources the child will have access to	<input type="checkbox"/>
<input type="checkbox"/> Terms/conditions under which child will be returned under supervision of director		<input type="checkbox"/>	<input type="checkbox"/> Services/resources the parent(s) will have access to	<input type="checkbox"/>
<input type="checkbox"/> Other returning the child issues:		<input type="checkbox"/>	<input type="checkbox"/> Other service/resource issues:	<input type="checkbox"/>
<input type="checkbox"/> Reunification with family / roots		<input type="checkbox"/>	<input type="checkbox"/> Quality of care for child	<input type="checkbox"/>
<input type="checkbox"/> Cultural plans for child		<input type="checkbox"/>	<input type="checkbox"/> Co-parenting plan	<input type="checkbox"/>

**7) Outcome: (✓ appropriate answer; if selecting “d” or “e”, please explain why)**

a. <input type="checkbox"/> All issues referred to mediation were settled
b. <input type="checkbox"/> Some, but not all issues were settled
c. <input type="checkbox"/> No issues were settled
d. <input type="checkbox"/> Mediation ended because:
e. <input type="checkbox"/> Case did not proceed to mediation because:
f. <input type="checkbox"/> Barriers to settlement included:

**8) Number of Hours**

Prep / Orientation:	Mediator 1: _____	Mediation Session: _____
	Mediator 2: _____	
	<b>Total:</b> _____	

9) At the end of Mediation was another Mediation Scheduled?  Yes  No

Date scheduled (YYYY/MM/DD):

Reason for Review / Follow Up:

10) How was the outcome finalized (✓ all appropriate formats)

A written agreement was signed

It is the director's intention to file the agreement in court

A section 60 consent order was drafted or will be drafted based on the written agreement

Other:

Did you hand out the Mediation services questionnaire?  Yes  No

If *no*, please explain why not:

11) Mediator's feedback: (your comments are valuable and will help us to improve the program)

A SUMMARY OF SERVICE MUST BE SUBMITTED TO MEDIATE BC CPMP OFFICE UPON COMPLETION OF EACH MEDIATION SERVICE (WHETHER THE MEDIATION WAS COMPLETED, DID NOT PROCEED OR THE MEDIATION ENDED).

Summary of Service forms can be sent to Mediate BC Child Protection Mediation Program Office at:

Email: [cpadmin@mediatebc.com](mailto:cpadmin@mediatebc.com)

Fax: 604-684-1306

Signature: \_\_\_\_\_

Submitted on: \_\_\_\_\_