# MediateBC

## CHILD PROTECTION MEDIATION PROGRAM

**CPM**

### *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): <br> 1._____ <br> *(Mediator who received the referral)* <br> 2._____ <br> *(co-mediator, if applicable)* | Is this for a co-mediation? <br> Yes ☐   No ☐ <br><br> Mediator Reference Code: | Contract No: <br> 1. <br><br> 2. |

**Referral Information**

| SOCIAL WORKER'S NAME: | DATE REFERRAL ACCEPTED *(YYYY/MM/DD)*: |
|---|---|
| MCFD ☐   DAA ☐ <br><br> Source of Referral: _____ | Office Code (obtain from social worker): _____ <br><br> Service Delivery Area: _____ |

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

| Person(s) in Dispute with the Director: <br> *(no names required)* | Relationship to Child(ren): |
|---|---|
| Person #1 | |
| Person #2 | |
| Person #3 | |

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

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

| *Office Use Only:* <br> Mediate BC Assigned File #: |
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*Revised: Sep 28, 2020*