

JUVENILE DEPENDENCY MEDIATION PROGRAM REFERRALS

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Date of Referral: _____
 Court Case #: _____

Date Rec'd: _____
 Case #: _____

Referred by: (check one)	<i>Mail, fax or drop off referral to the address and/or phone number for the agency listed above:</i>
<input type="checkbox"/> Juvenile Court <ul style="list-style-type: none"> ▪ Hon. Etezadi ▪ Hon. Lee <input type="checkbox"/> Court- Other:	Next Court Hearing Date:
	History of Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Comments attached
<input type="checkbox"/> Children & Family Services Name: Phone:	Name of Social Worker: Phone/Fax: Address:
<input type="checkbox"/> Private Defender Attorney Name: Phone:	Name of Attorney for mother: Phone/Fax: Address:
<input type="checkbox"/> Attorney-Other: Name: Phone:	Name of Attorney for father: Phone/Fax: Address:
<input type="checkbox"/> Child Advocate Name: Phone:	Name of Child Advocate: Phone/Fax: Address:
<input type="checkbox"/> Other: Name: Phone:	Name of Attorney for child: Phone/Fax: Address:

DEPENDENT YOUTH INFORMATION					
Name	Sex	DOB	Ethnicity	Address	Phone #

FAMILY/SUPPORT INFORMATION – parties to be included in mediation

Name	Relationship to child/youth	Address	Phone Numbers:
			Hm: Wk: Cell: Other:
			Hm: Wk: Cell: Other:
			Hm: Wk: Cell: Other:
			Hm: Wk: Cell: Other:

SPECIAL NEEDS OF FAMILY (please describe which parties need accommodation)

Language :

Disability:

Other:

CASE STATUS AT REFERRAL (check all that apply)

Pre filing/ pre-petition

Voluntary Case

Detention

Jurisdiction

Disposition

6 month review

12 month review

18 month review

366.26 hearing (Selection and implementation hearing)

Supplemental petition

388 hearing

Post permanency review hearing

Dismissal

Post adoption contact agreement

Other - Explain:

ISSUES TO BE CONSIDERED FOR MEDIATION ** (also please attach most recent court report)
