

Referral to Child Permanency Mediation

- 1) Referred from Judge / Referee: _____ County: _____
2) If referred by Referee, Assigned Judge: _____
3) Interpreter Needed ? For whom and what language: _____
4) Is there a current Order of Protection between any of the parties? ___ Yes ___ No
If yes, the Order is on behalf of _____ and against _____
5) Is a party Incarcerated? ___ Yes ___ No Who? _____
Facility? _____ DIN # _____
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Today's Date: _____ Docket Number: _____
Case Name: _____ File Number _____
Mediation Date/Time: _____ Court Adjourn Date _____
Mediation Location: _____

Respondent Parent: _____ Non-Respondent Parent _____

Attorney for RP: _____ Attorney for NRP _____

Respondent Parent: _____ Attorney For Child _____

Attorney for RP: _____ DSS Attorney _____

Subject Child(ren)&DOB: _____ Caseworker: _____
_____ Caseworker Phone _____

Core recommended issues to be mediated:

Visitation between _____ and _____.
Placement Alternatives _____ Relationship Issues _____.
Dispositional Contact/Menu Planning _____ Transition/Movement _____.
Planning Reunification Planning/ Conditions of Trial Discharge _____.
TPR/ Conditional Surrender Permanency Planning _____.

Additional Information: Is there additional information that the mediator should be aware of?
_____.

Additional Participants: Are there any additional individuals you would recommend to participate in the mediation? (Please include names, agency and phone number whenever possible) _____.

For further information please contact the Program Administrator: Suzanne Shafer, (315)266-4256, or PermanencyMediation@nycourts.gov