

ADR-LINK REFERRAL FORM



ADR - LINK

Please complete all sections of this form electronically, then print. To make a referral, fax the following to: (519) 679-4234 attn: ADR-Link

ADR-LINK OFFICE USE ONLY

File #: _____
Date Received: _____
Outstanding Docs Received: _____

1. Referral Form
2. Signed Consent (from caregiver(s) and any children age 12 and over)
3. Copy of OCL Notification

Referral Agent Information (required section):

CAS Information (required section)

Date:		Worker Name:	
Referral Source:		Worker Phone:	Ext.
Name:		Worker Email:	
Role/Title:		Supervisor:	Ext.
Phone:	Ext.	Supervisor Email:	
Email:		CAS Lawyer:	

ADR Method Requested: (required section)

Stage of Court Application: (required section)

Child Protection Mediation	Indigenous Approaches/ODR	Court involvement contemplated
Family Group Conferencing	4th Option	Court Application initiated or in progress

Note: MCYS Policy Directive 005-06 indicates that the Office of the Children's Lawyer (OCL) must be notified when there is consideration by a CAS of resolution of issues by a prescribed method of ADR.

Has the Office of the Children's Lawyer been notified that ADR is being considered? (required section)

Yes, a copy of the notification is attached

Yes, the OCL is involved and has been notified. Name of OCL:

Date Notified:

Written consent of all parties, including children 12 & over, are attached. (required section)

Yes, copies of written consent are attached

Is there a Practitioner on the roster with whom one or more of the parties might have a conflict of interest?

Yes Explanation:

Is there a specific Practitioner on the roster requested for this referral? (NOTE: despite our best effort, not all requests can be guaranteed).

Yes Name:

Family Information

Family Name(s):

Court Location:

Next Court Date:

Nature of current court application, or if court application is being contemplated, nature of anticipated application:

Supervision Order Other, please describe:

Society wardship

Crown wardship

Is there a concurrent Children's Law Reform Act (CLRA) application? **Yes** **No** **Unknown**

Is there a parent capacity assessment planned? **Yes** **No**

If 'yes', please explain:

Is there a matter before the criminal courts related to the safety of any family member? **Yes** **No**

If 'yes', please explain:

Has there been a finding that the children are in need of protection?

yes, all children interim finding, without prejudice CAS does not plan to seek a finding

yes, some children no finding yet, application pending not applicable (e.g., adoption case)

Anticipated issues of focus in ADR:

child custody and/or placement terms/conditions of supervision order conditions for return of child to family care

access to children permanency planning adoption openness arrangement

other, please explain: Crown wardship order/review

Factors preventing dispute resolution through internal supports and services:

severe parent/child or parent/teen conflict	cultural issues
high conflict between parents	low parenting capacity
worker/family conflict or poor communication	other personal challenges/struggles of parent(s)
caregiver(s)/family opposes CAS involvement	addictions
lack of available local resources	
other, please explain:	

Special Concerns: (e.g., DV, Addictions, MH issues, C&A issues, compromised cognitive abilities):

Case Characteristics

First Language:

Service preferred in: English French Other

Identifies as Indigenous, First Nation, Inuit, or Métis

Community:

Band:

Band Rep:

Telephone:

Essential child care needs (define)

Significant travel expenses (define)

Wheelchair/accessibility needs (define)

Cultural consult required (define)

Language interpreter required (define)

Other unique characteristics (define)

Anticipated number of parties to attend FGC, Mediation, or other ADR/ODR:

Hope for family, CAS bottom lines, strengths of family, key considerations or other relevant information:

Parties to the Application

(To list more parties to the application, continue on separate page and attach to this form).

Name: Relationship to Children:

Address:

City: **Postal Code:** **Telephone:**

Lawyer: **Lawyer's Telephone:**

Name: Relationship to Children:

Address:

City: **Postal Code:** **Telephone:**

Lawyer: **Lawyer's Telephone:**

Name: Relationship to Children:

Address:

City: **Postal Code:** **Telephone:**

Lawyer: **Lawyer's Telephone:**

Name: Relationship to Children:

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City: **Postal Code:** **Telephone:**

Lawyer: **Lawyer's Telephone:**

Name: Relationship to Children:

Address:

City: **Postal Code:** **Telephone:**

Lawyer: **Lawyer's Telephone:**

(To list more parties to the application, continue on separate page and attach to this form).

Children Named on the Application

(To list more children named on the application, continue on separate page and attach to this form. Children 12 & over must sign consent).

Child's Name:	Child's Current CAS Status:	Crown Wardship
Date of Birth:	Temporary Care	Other (define):
Lawyer:	Supervision	
Lawyer's Telephone:	Society Wardship	

Child's Name:	Child's Current CAS Status:	Crown Wardship
Date of Birth:	Temporary Care	Other (define):
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(To list more children named on the application, continue on separate page and attach to this form. Children 12 & over must sign consent).