



**CONCORD
MEDIATION
CENTER**

problem solving processes for
families and businesses

**RESTORATIVE SERVICES
YOUTH REFERRAL FORM**

Processes include restorative conferences, facilitation (e.g., family
conflicts / dynamics), and mediation (e.g., truancy),
tailored to fit the needs of youth.

ID #	Youth Name:		
Referral Source Contact Person	Referral Source's Address:	Phone:	
	Email:	Fax:	
Supervisor's Name (if applicable):	Address:	Phone:	
	Email:	Fax:	
Referral Date:	Referral Source: School Community Agency Other		

Please provide a brief summary of the nature of the conflict and the participants involved. Please also attach supporting documents that may help provide an understanding of the situation. If there are additional professionals supporting the youth who should be involved in the process, please include them on the second page of the referral.

Youth Name / Date of Birth:

Parent/Guardian Name(s):

Address:

Address:

Phone:

Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Participant Name / Date of Birth:

Parent/Guardian Name(s) (if applicable)

Address:

Address:

Phone:

Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Participant Name / Date of Birth:

Parent/Guardian Name(s) (if applicable):

Address:

Address:

Phone:

Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Participant Name / Date of Birth:

Parent/Guardian Name(s) (if applicable):

Address:

Address:

Phone:

Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Do the parties have any cultural or language needs that the mediators should be aware of? Yes No

If yes, please describe:

CONCORD MEDIATION CENTER

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