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Juvenile and Family Referral Form

Referring Party/Contact Information	Nature of the case

JUVENILE'S NAME	GENDER & PREF. PRONOUN	DATE OF BIRTH*	Cross-over Youth?	Where is the child living? NAME AND ADDRESS (Home 'H', relative foster care 'RF', non-relative foster care 'NRF', shelter 'S', other 'O')
			Y / N	

**only required for probation vouchers*

PERSONS TO BE INVITED TO PARTICIPATE: (list parents/guardians first) <i>Please consider extended family members, friends, court/legal personnel and service providers when listing names. Our office will be responsible for broadening or limiting this list based upon type of conference.</i>			
NAME	ADDRESS / EMAIL	PHONE NO.	RELATIONSHIP TO CHILD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

When Applicable:

JUSTICE Case # and Case Name:	Judge's Name:
County of Jurisdiction: Last Court Date and Type of Hearing: Next Court Date and Type of Hearing: Has this referral been court ordered? (circle one) Yes No (Attach a copy of court order if applicable)	Probation Officer Name: Office location: Phone: Email: Text #: