

ORDER
TO ATTEND PERMANENCY MEDIATION

PERMANENCY MEDIATION
Wake County, NC

The following case is hereby ordered to mediation:

Case Name (s): _____

Case Number (s): _____

Name of Judge Ordering Referral: _____ Date: _____

Place a check by ALL persons being ordered to mediation (please be sure all contact information is completed on the reverse side of form):

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother's Attorney |
| <input type="checkbox"/> Father | <input type="checkbox"/> Father's Attorney |
| <input type="checkbox"/> GAL Representative | <input type="checkbox"/> GAL Attorney |
| <input type="checkbox"/> WCHS Social Worker | <input type="checkbox"/> County Attorney |
| <input type="checkbox"/> Paternal Relatives | <input type="checkbox"/> Maternal Relatives |
| <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Adoptive Parents |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> WCHS Supervisor | |

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- Is domestic violence an issue in this case? Yes No
If yes, is there a restraining order in place? Yes No
 - Is any party incarcerated? Yes No
If yes, who? _____

- Is an interpreter needed? Yes No
If yes (specify language): _____

- Issues to be Mediated:

<input type="checkbox"/> Disposition	<input type="checkbox"/> Placement
<input type="checkbox"/> Visitation	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Services	<input type="checkbox"/> Communication/Relational
<input type="checkbox"/> Other (<i>please specify</i>): _____	

- Additional Information or Issues:

Signature of Judge

Date: _____

Mediation Order Contact Information

(ALL information MUST be filled out completely for case to be scheduled)

Child(ren) Name(s): _____

Foster Parent/Guardian Name: _____

Address: _____

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Day Ph #: Night Ph #:	Day Ph #: Night Ph #:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Day Ph #: Night Ph #:	Day Ph #: Night Ph #:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Day Ph #: Night Ph #:	Day Ph #: Night Ph #:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Day Ph #: Night Ph #:	Day Ph #: Night Ph #:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Day Ph #: Night Ph #:	Day Ph #: Night Ph #: