



For office use only  
CMS CASE NO:

# SCHOOL REFERRAL FORM

(TO: Community Mediation Services, Inc.)

Referring/Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Fax: \_\_\_\_\_

- Student
- Student/Family
- Student/Student
- Student/Teacher
- Other: \_\_\_\_\_

Are the parties aware of the referral to mediation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have they agreed to mediate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## People Involved:

<b>PARTY 1:</b> <hr/> Name <hr/> City <i>(Please circle)</i> Gender: Male / Female Grade: 6 / 7 / 8 / 9	<b>PARTY 2:</b> <hr/> Name <hr/> City <i>(Please circle)</i> Gender: Male / Female Grade: 6 / 7 / 8 / 9
<b>PARTY 3:</b> <hr/> Name <hr/> City <i>(Please circle)</i> Gender: Male / Female Grade: 6 / 7 / 8 / 9	<b>PARTY 4:</b> <hr/> Name <hr/> City <i>(Please circle)</i> Gender: Male / Female Grade: 6 / 7 / 8 / 9

## TYPE OF DISPUTE:

- Fighting
- Rumors
- Pushing
- Harassment
- Interpersonal
- Disrespectful behavior
- Disorderly Conduct
- Property Damage
- Theft
- Other \_\_\_\_\_

Please use back of form for any additional parties and/or information.

<b>MAIL TO: Community Mediation Services, Inc. (formerly NHMP) (763) 561-0033</b> <b>9220 Bass Lake Road, Suite 270, New Hope MN 55428</b> <b>FAX TO: (763) 561-0266</b>
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*Providing opportunities to resolve conflicts effectively and respectfully.*