

# JUVENILE MEDIATION PROGRAM

Referral Form    Hancock County Schools

*Please fax forms to Nicole Serafine, Juvenile Probation Officer after 5 unexcused absences. 564-3254*

In the best interest of \_\_\_\_\_

Problem:

## SPECIFIC REQUEST FOR MEDIATION

I, the undersigned, have reviewed the above referenced case and find that it would be best handled by the Juvenile Mediation Program. Therefore, I am specifically requesting the services of Mediation based on the following criteria.

ADDITIONAL COMMENT TO COORDINATOR:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROBATION OFFICER

It is important to include the child's parent or guardian, date of birth and address so that a meeting can be arranged to ensure appropriate services.

Juvenile's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Phone \_\_\_\_\_ School Name \_\_\_\_\_