SAN MATEO COUNTY JUVENILE MEDIATION PROGRAM

Multi-Option ADR Project

Superior Court of San Mateo County Juvenile Division 222 Paul Scannell Drive San Mateo, CA 94402 Tel. (650) 261-5077

MEDIATION REFERRAL FORM

Referral Date:

Referral Source:

	Hon. Etezadi	Case No	Date Filed:			
	Hon. Lee	Case No	Date Filed:			
	Court-Other	Case No	Date Filed:			
	Probation	Name of Probation Officer				
	Assessment Center	Phone Number:				
		Name of Probation Officer				
		Phone Number:				
	Other	Name of Agency:				
		Name of Agent/Contact:				
		Phone Number:				
		Address:				
<u>Status</u>	: Pre	e-Petition Filing				
	Juv	Juvenile- Case Filed-602: Pre-Disposition; Post-Disposition				

<u>Juvenile Offender</u>	Case No.		Probation No.	
Name:				_;
DOB:				
Name of Parent(s)/Guar	dian(s):			
Address:		,,		,
(Street/P	O Box)	(City)		(Zip)
Phone Number: (l	nm) ()	; (wk) ())	;
(8	alt) ()			
Ethnicity: Juvenile:		_; Parent/Guardians	•	
Language: Juvenile:		_; Parent/Guardians	•	
Disability: Juvenile:		_; Parent/Guardians	;	
<u>Victim</u>				
Name:				_;
DOB:	Sex:			
Address:		,		,
(Street/P	O Box)	(City)		(Zip)
Phone Number: (1	nm) ()	; (wk) ())	;
(:	alt) ()			
If victim is a minor, Nat	me of Parent(s)/	Guardian(s)		
Ethnicity: Juvanila:		· Parent/Guardians		
Ethnicity: Juvenile: Language: Juvenile:				
Disability: Juvenile:				
Disability. Juvenine		_, I archi/Ouardians	,	
Issues to be considered	l for mediation	1:		

PLEASE ATTACH INFORMATION FOR ADDITIONAL OFFENDERS OR VICTIMS ON A SEPARATE SHEET.

PLEASE ATTACH COPIES OF RELEVANT DOCUMENTATION, INCLUDING:

- 1. Police Report
- 2. Probation Report
- 3. General Order of Restitution
- 4. Victim Loss Statements

To be completed by Juvenile Justice Mediation Program

a. Accepted for Mediation/Date: ______ b. Not-Accepted for Mediation/ Date: _____ Reason: _____