

EARLY SETTLEMENT MEDIATION
Record of Child Permanency Mediation

INITIATOR (State):

RESPONDENT:

COUNTY:

CASE NUMBER:

If a mediation session was **not** held, indicate whose absence was responsible:

TYPE OF CASE	
Permanency	
Other: _____	

NUMBER OF PARTICIPANTS

Parties	
ADA	
Parents	
DHS	
Child's Attorney	
Parents' Attorney	
Foster Parents	
Foster Parents' Attorney	
Tribal Representative	
CASA	
Mediator (s)	
Counselor	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
TOTAL # PRESENT	
Number of Sessions	

STAGE MEDIATION ENDED

(CHECK ONLY ONE)

Introduction	
Information Exchange	
Negotiations	
Partial Agreement	
Agreement	

NATURE OF DISPUTE

Placement	
Visitation	
Termination of Parental Rights	
Best Interests	
Guardianship	
Other: _____	

TIME INVOLVED

(ROUND TIME OFF TO NEAREST 1/2 HOUR)

Travel/Wait Time

Mediator # 1	
Mediator # 2	

PERMANENCY GOAL

Reunification	
Guardianship	
Adoption	
Other: _____	

Mediation Time

Mediator # 1	
Mediator # 2	

TOTAL TIME (HOURS)

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Notes/Remarks:

(Please PRINT Name)

Mediator #1:

Date:

PLEASE COMPLETE & RETURN THIS FORM WITH THE CASE PAPERWORK TO THE EARLY SETTLEMENT PROGRAM OFFICE

Thank You!

(Please PRINT Name)

Mediator #2:

Date: