

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

IN THE MATTER OF: _____)
Alleged Deprived Child, _____) CASE NO. JD- _____)

ORDER OF REFERRAL TO PERMANENCY PLANNING MEDIATION

This case is ordered to mediation. All parties, participants, stakeholders, and counsel shall proceed in good faith to resolve this case. This includes but is not limited to parents, children, foster parents, attorneys, district attorneys, child welfare workers, service providers, CASA workers, Post Adjudication Review Boards, Guardian ad litem, extended families, and any other invited participants. **Parties are ORDERED TO APPEAR for mediation on:**

Date: _____

Time: _____

Location: _____

(THE EARLY SETTLEMENT OFFICE WILL SEND A CONFIRMATION LETTER ANNOUNCING THE EXACT LOCATION)

The Early Settlement Mediation program will provide a certified mediator(s) to conduct the mediation session (s) and will mail/facsimile a scheduling confirmation letter to all involved parties.

The mediation sessions shall be private and confidential. If an understanding in whole, or in part, is reached between the parties, that understanding shall be reduced to a written memorandum, and a copy of the Memorandum of Understanding given to each stakeholder participant. A copy of the Memorandum of Understanding shall be presented to the court by the attorney for the child(ren) or the district attorney prior to the next court hearing.

Those who shall be present in a mediation session shall include the mediators, parent(s) and their attorneys, the attorney or guardian ad litem for the child(ren), child welfare workers, the district attorney, CASA, and any other persons who are connected to the case.

IT IS SO ORDERED.

Dated this _____ day of _____, 20_____.

JUDGE OF THE DISTRICT COURT

MEDIATION CONTACT LIST - CASE NO. JD-

INSTRUCTIONS: Please fill-out completely and click on the "submit by e-mail" tab or print and fax to the local Early Settlement office for processing. Please print legibly.

Attorney for the Child

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

District Attorney

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Attorney for the Mother

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Mother:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Attorney for the Father

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Father:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Court Contact:

Name: _____
Phone: _____

Early Settlement:

Name: _____
Fax: _____