

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:**

(CONTACT EARLY SETTLEMENT FOR AVAILABILITY PRIOR TO SETTING DATE)	
Date:	_____
Time:	_____
Location:	_____

The Early Settlement Mediation – Southeast program (918-429-0386) will provide 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-

Please enter the contact information for all parties involved in the case and mark (x) that they have received a copy of the "Order to Mediate". (Feel free to make copies of this page if additional parties need to be added)

Early Settlement – Southeast Program
Phone: 918-429-0386
Email: Sara.Northcutt@oscn.net

Attorney for the Child
Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Attorney for the Mother
Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

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

Attorney for the Father
Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Father:
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: _____

Child Welfare Worker
Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

Child Welfare Supervisor
Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Email: _____

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

Other: _____
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: _____

Referring Court Official: _____
Contact Information: _____

**Please email a copy of this order to
Early Settlement Southeast Office
E-mail: Sara.Northcutt@oscn.net**