

ADR-LINK REFERRAL FORM



Please complete all sections of this form electronically, then print. To make a referral, fax the following to (519) 679-4234 or email to ADR-Link@lfcc.on.ca



London Family
Court Clinic

ADR - LINK

1. Referral Form
2. Signed Consent (from caregiver(s) and any children age 12 or over)
3. Copy of OCL Notification

1. Referral Source Information (required)

CAS Information (required)

Date:

Referring Worker Name:

Referral Source:

Worker's Phone:

Ext.

Worker's Email:

Supervisor Name:

Supervisor Phone:

Ext.

Supervisor Email:

2. ADR Consultation: (required)

CAS Lawyer:

Child Protection
Mediation

Family Group
Conferencing

Indigenous
Approaches/ODR

4th Option

3. Stage of Court Application: (required)

Court involvement contemplated

Court Application initiated or in progress

Note: MCCSS Policy Directive 005-06 indicates that the Office of the Children's Lawyer (OCL) must be notified when there is consideration by a CAS of resolution of issues by a prescribed method of ADR. Please be sure all parties are aware that OCL will be notified and there may be legal counsel assigned for the child(ren).

4. **Has the Office of the Children's Lawyer been notified that ADR is being considered? (required section)**

Yes, a copy of the notification is attached

Name of OCL:

Yes, the OCL is already involved through court proceedings and supports referral to ADR

Date Notified:

5. **Written consent of all parties, including children 12 & over, are attached. (required)**

Yes, copies of written consent are attached

6. **Is there a Practitioner on the roster with whom one or more of the parties might have a conflict of interest?**

Yes

Name:

7. **Is there a specific Practitioner on the roster requested for this referral? (NOTE: despite our best effort, not all requests can be guaranteed).**

Yes

Name:

8. **Is this family willing and able to participate in virtual service delivery?** Yes No

9. Family Information

Family Name(s):

Court Location:

Next Court Date:

10. Nature of current court application, or if court application is being contemplated, nature of anticipated application:

Supervision Order

Other, please describe:

Interim Society Care

Extended Society Care Order

11. Is there a concurrent Children's Law Reform Act (CLRA) application? Yes No Unknown

12. Is there a parent capacity assessment planned? Yes No

If 'yes', please provide details:

13. Is there currently a matter before the criminal courts which may impact the ADR? Yes No

If 'yes', please provide details:

14. Has there been a finding that the children are in need of protection?

yes, all children

interim finding, without prejudice

CAS does not plan to seek a finding

yes, some children

no finding yet, application pending

not applicable (e.g., adoption case)

15. Anticipated issues of focus in ADR:

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> parent/teen conflict issues | 6 <input type="checkbox"/> terms/conditions of supervision order | 11 <input type="checkbox"/> issues regarding expiration of care agreement |
| 2 <input type="checkbox"/> issues regarding placement | 7 <input type="checkbox"/> extending society care orders/reviews | 12 <input type="checkbox"/> long term care issues |
| 3 <input type="checkbox"/> child access | 8 <input type="checkbox"/> foster parents/parents/society conflict | 13 <input type="checkbox"/> length of time in care and conditions for return |
| 4 <input type="checkbox"/> parenting plan conflicts | 9 <input type="checkbox"/> youth transitioning from care | 14 <input type="checkbox"/> issues with openness |
| 5 <input type="checkbox"/> VYSA issues | 10 <input type="checkbox"/> other: | |

16. Factors preventing dispute resolution through internal supports and services:

- | | |
|---|---|
| 1 <input type="checkbox"/> severe parent/child or parent/teen conflict | 7 <input type="checkbox"/> cultural considerations |
| 2 <input type="checkbox"/> high conflict between parents | 8 <input type="checkbox"/> parenting capacity |
| 3 <input type="checkbox"/> worker/family conflict or poor communication | 9 <input type="checkbox"/> other personal challenges/struggles/mental health of parent(s) |
| 4 <input type="checkbox"/> caregiver(s)/family opposes CAS involvement | 10 <input type="checkbox"/> addictions |
| 5 <input type="checkbox"/> lack of available local resources | 11 <input type="checkbox"/> risk/history of domestic violence |

6 other, please explain:

17. Special Concerns: (e.g., DV, Addictions, MH issues, parenting plan issues, compromised cognitive abilities):

18. Case Characteristics

First Language:

Service preferred in: English French Other

Identifies as Indigenous, First Nation, Métis, or Inuit (AT LEAST 1 party/child named identifies as FNMI)

(Required) Community:

(Required) Band:

(Required) Band Rep:

(Required) Telephone:

Email:

- 1 Essential child care needs (define)
- 2 Significant travel expenses (define)
- 3 Wheelchair/accessibility needs (define)
- 4 Cultural consult required (define)
- 5 Language interpreter required (define)
- 6 Other unique characteristics (define)

Anticipated number of parties to attend CPM, FGC, ODR, Youth Led, TPC or other ADR:

19. Brief description of hopes for family/youth, CAS bottom lines, strengths of family/youth, key considerations or other relevant information:

Please enter Parties to the application on the next page.

20. Participants to the Application *Signed consent required for each party listed age 12 or older

(To list more parties to the application, continue on separate page and attach to this form).

Name:		Relationship to Children:
Address:		
City:	Postal Code:	Lawyer:
Phone:		Lawyer's Phone:
Email:		Lawyer's Email:

Name:		Relationship to Children:
Address:		
City:	Postal Code:	Lawyer:
Phone:		Lawyer's Phone:
Email:		Lawyer's Email:

Name:		Relationship to Children:
Address:		
City:	Postal Code:	Lawyer:
Phone:		Lawyer's Phone:
Email:		Lawyer's Email:

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Address:		
City:	Postal Code:	Lawyer:
Phone:		Lawyer's Phone:
Email:		Lawyer's Email:

Name:		Relationship to Children:
Address:		
City:	Postal Code:	Lawyer:
Phone:		Lawyer's Phone:
Email:		Lawyer's Email:

Name:		Relationship to Children:
Address:		
City:	Postal Code:	Lawyer:
Phone:		Lawyer's Phone:
Email:		Lawyer's Email:

(To list more parties to the application, continue on separate page and attach to this form)

21. Children Named on the Application

(To list more children named on the application, continue on separate page and attach to this form. **Children 12 & over** must sign consent).

Child's Name:	<input type="text"/>	Child's Current CAS Status:	Extended Society Care
Date of Birth:	<input type="text"/>	Temporary Care	Other (define):
Lawyer:	<input type="text"/>	Supervision Order	<input type="text"/>
Lawyer's Email:	<input type="text"/>	Interim Society Care	

Child's Name:	<input type="text"/>	Child's Current CAS Status:	Extended Society Care
Date of Birth:	<input type="text"/>	Temporary Care	Other (define):
Lawyer:	<input type="text"/>	Supervision Order	<input type="text"/>
Lawyer's Email:	<input type="text"/>	Interim Society Care	

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(To list more children named on the application, continue on separate page and attach to this form. Children 12 & over must sign consent).