



ADR-Link c/o London Family Court Clinic  
200-254 Pall Mall St, London, ON N6A 5P6  
[www.adr-link.ca](http://www.adr-link.ca)

fax 519-679-4234

[adr-link@lfcc.on.ca](mailto:adr-link@lfcc.on.ca)

cell 519-282-6991

READY, SET, GO referral form should be filled in WITH the youth. (NEW REFERRALS)

1 Is this the first time the youth has been referred to ADR?

2 Date (31 may 2000)

3 Referring Organization

4 Referring Worker's Name

5 Referring Worker's Email

6 Referring Worker's Phone  ext

7 Worker's Supervisor's Name

8 Worker's Supervisor's Email

9 Worker's Supervisor's Phone  ext

10 CAS Lawyer

11 CAS Lawyer Email

12 Youth's Name (fname, lname)

13 Address

14 Town/Postal Code

15 DOB (31 may 2000)

16 Age

17 Pronouns

18 Phone (numbers only)

19 permission to text?

20 permission to leave messages?

21 Email

Is there someone else we can contact if we aren't able to reach you after several attempts?

22 Name (fname, lname)

23 Relationship

24 Phone (numbers only)

24 Email

If youth is under 18 OCL must be notified of this referral and a copy sent to ADR-Link

25 Does youth have current representation from OCL?  select one required

If yes, name (fname, lname)

OCL notification form can be found here [OCL notification form](#)

26 Is the youth engaged with CAS under a VYSA?  select one required

ADR is available in person or virtually. Youth will decide what works for them with the practitioner.

27 Is the youth able to participate in virtual services?  select one required

28 Youth's preferred language  select one required

If other - what language?





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What factors contribute to the youth's involvement with CAS? (14)

select all applicable

Please provide detail on "other"

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What are the reasons for this referral? (This information should be provided with input from youth.) Please include all relevant details.

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Please provide a list of the people the youth would like to participate in the RSG services with them  
Providing contact info for the people listed below grants ADR-Link permission to reach out to them. Youth may add or remove people at any time during their services.

1 Name (fname, lname)	
Relationship	select one required
Phone (numbers only)	
Email	
2 Name (fname, lname)	
Relationship	select one required
Phone (numbers only)	
Email	
3 Name (fname, lname)	
Relationship	select one required
Phone (numbers only)	
Email	
4 Name (fname, lname)	
Relationship	select one required
Phone (numbers only)	
Email	
5 Name (fname, lname)	
Relationship	select one required
Phone (numbers only)	
Email	
6 Name (fname, lname)	
Relationship	select one required
Phone (numbers only)	
Email	

This referral package must include the following documents:

- This referral form
- Notification to OCL for any youth under 18 (not required for 18+)
- Youth's signed consent to participate in ADR for RSG

Please forward all completed documents to [adr-link@lfc.on.ca](mailto:adr-link@lfc.on.ca) or fax to 519.679.4234