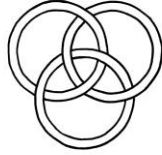


Center for
Restorative Programs



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PARENT-TEEN REFERRAL INTAKE FORM

Date Received: _____ Person taking Referral: _____

Referral Source: _____ Agency: _____
Phone #: _____

Parents Names: _____ Address: _____

Home Phone # (s): _____

Work Phone #(s): _____

Child's Name: _____ School: _____

DOB: _____

Child's Name: _____ School: _____

DOB: _____

General nature of conflict:

Do the family members know they have been referred? ____ Yes ____ No

Law Enforcement, Court, or School Involvement? ____ Yes ____ No
(details on back of this page)

Date Mediators assigned: _____

Names of Mediators: _____ & _____

First session scheduled on: _____

Date Case Closed: _____

Outcome: Agreement ____ No Agreement ____ Family canceled ____ No Show ____
Not appropriate for mediation ____ Other ____, please explain: