



POLICE/CITY/COMMUNITY AGENCY REFERRAL FORM

(TO: Community Mediation & Restorative Services, Inc.)

Referring/Contact Person: _____ Phone: _____
City/Agency: _____ Fax: _____
File # _____ Email: _____

- City Council
- City Staff
- Human Relations
- Police Department
- Organization
- Other: _____

Are the parties aware of the referral to mediation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have they agreed to mediate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

People Involved:

<p>PARTY 1:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Phone</p>	<p>PARTY 2:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Phone</p>
<p>PARTY 3:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Phone</p>	<p>PARTY 4:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ Phone</p>

TYPE OF DISPUTE:

- Business-Consumer
- Citizen-Agency
- Family
- Harassment
- Human Rights
- Interpersonal
- Juvenile Offenders
- Landlord-Tenant
- Neighbor to Neighbor
- Shoplifting
- Property Issue
- School
- Victim-Offender
- Other _____

Please use back of form or attach documents for any additional parties and/or information.

Police officers: Please include police report.

EMAIL TO: referrals@CMRSmn.org

**MAIL TO: Community Mediation & Restorative Services, Inc. (763)561-0033
9220 Bass Lake Road, Suite 270, New Hope MN 55428**

FAX TO: (763) 561-0266