

# 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](mailto: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 (RW) Name:

Referral Source:

RW Phone:

Ext.

RW 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

Ready, Set, Go/ Transition Planning  
Conferences

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

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

- 1  severe parent/child or parent/teen conflict      7  cultural considerations
- 2  high conflict between parents      8  parenting capacity
- 3  worker/family conflict or poor communication      9  other personal challenges/struggles/mental health of parent(s)
- 4  caregiver(s)/family opposes CAS involvement      10  addictions
- 5  lack of available local resources      11  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).

<b>Name:</b>		<b>Relationship to Children:</b>
<b>Address:</b>		
<b>City:</b>	<b>Postal Code:</b>	<b>Lawyer:</b>
<b>Phone:</b>		<b>Lawyer's Phone:</b>
<b>Email:</b>		<b>Lawyer's Email:</b>

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(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).

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

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