

SAN MATEO COUNTY JUVENILE MEDIATION PROGRAM

Multi-Option ADR Project
Superior Court of San Mateo County
Juvenile Division
222 Paul Scannell Drive
San Mateo, CA 94402
Tel. (650) 261-5077/ Fax. 650-261-5058

MEDIATION REFERRAL FORM

Referral Date: _____

Referral Source:

Hon. Cretan Case No. _____ Date Filed: _____

Hon. Diaz Case No. _____ Date Filed: _____

Court-Other Case No. _____ Date Filed: _____

Probation Name of Probation Officer _____
Phone Number: _____

Assessment Center Name of Probation Officer _____
Phone Number: _____

Other Name of Agency: _____
Name of Agent/Contact: _____
Phone Number: _____
Address: _____

Status: Pre-Petition Filing

Juvenile- Case Filed-602: Pre-Disposition; Post-Disposition

Juvenile Offender

Case No. _____

Probation No. _____

Name: _____;

DOB: _____ Sex: _____

Name of Parent(s)/Guardian(s): _____

Address: _____, _____, _____

(Street/PO Box)

(City)

(Zip)

Phone Number: (hm) (____) _____; (wk) (____) _____;

(alt) (____) _____

Ethnicity: Juvenile: _____; Parent/Guardians: _____

Language: Juvenile: _____; Parent/Guardians: _____

Disability: Juvenile: _____; Parent/Guardians: _____

Victim

Name: _____;

DOB: _____ Sex: _____

Address: _____, _____, _____

(Street/PO Box)

(City)

(Zip)

Phone Number: (hm) (____) _____; (wk) (____) _____;

(alt) (____) _____

If victim is a minor, Name of Parent(s)/Guardian(s) _____

Ethnicity: Juvenile: _____; Parent/Guardians: _____

Language: Juvenile: _____; Parent/Guardians: _____

Disability: Juvenile: _____; Parent/Guardians: _____

Issues to be considered for mediation:

PLEASE ATTACH INFORMATION FOR ADDITIONAL OFFENDERS OR VICTIMS ON A SEPARATE SHEET.

PLEASE ATTACH COPIES OF RELEVANT DOCUMENTATION, INCLUDING:

- 1. Police Report**
- 2. Probation Report**
- 3. General Order of Restitution**
- 4. Victim Loss Statements**

To be completed by Juvenile Delinquency Mediation Program

a. Accepted for Mediation/Date: _____

b. Not-Accepted for Mediation/ Date: _____

Reason: _____
