
Mediation Referral

Once completed, please email this form to Meredith Cope at talk@nashvilleconflict.org

Referral Source: The Family Collective

Person making referral: _____ Referral Date: ___ / ___ / ___

Phone Number: _____ Email: _____

Brief description of dispute: _____

Participant 1 Name: _____ Date of Birth: ___ / ___ / ___

Address: _____ Zipcode: _____

Phone number: _____ Email: _____

Race: ___ Sex: ___ If juvenile, parent's name: _____

Participant has agreed to mediate

Family Collective Client: Yes No

Participant 2 Name: _____ Date of Birth: ___ / ___ / ___

Address: _____ Zipcode: _____

Phone number: _____ Email: _____

Race: ___ Sex: ___ If juvenile, parent's name: _____

Participant has agreed to mediate

Family Collective Client: Yes No

*If there are more than 2 participants that you believe will be involved in this mediation, please note their information in the body of your email, or attach an additional form with their information.