

**IN THE CIRCUIT COURT OF ____ COUNTY, ARKANSAS
JUVENILE DIVISION**

ARKANSAS DEPARTMENT OF HUMAN SERVICES

PLAINTIFF

VS. NO. JV _____

_____, **MOTHER** **DEFENDANTS**
_____, **LEGAL/ PUTATIVE FATHER OF:**
_____, **DOB: _____, (GENDER), SSN:**
JUVENILE

ORDER FOR DEPENDENCY-NEGLECT MEDIATION

On this ____ day of _____, ____, the above-titled cause of action comes on to be heard.

1. Pursuant to Ark. Code Ann. § 16-7-202 the court orders the parties and their attorneys to attend and participate in a Dependency and Neglect mediation to:

- | | |
|--|--|
| <input type="checkbox"/> develop a case plan | <input type="checkbox"/> develop a permanency plan |
| <input type="checkbox"/> explore relative placements options | <input type="checkbox"/> develop a custody agreement |
| <input type="checkbox"/> develop a visitation agreement | <input type="checkbox"/> resolve issues concerning an ICPC placement |
| <input type="checkbox"/> develop a safety reunification plan | <input type="checkbox"/> explore TPR agreement |
| <input type="checkbox"/> other: _____ | |

2. The mediation is scheduled for _____ 2005 at _____ a.m. /p.m. at _____.
Participants should clear at least 3 hours from their calendars for the mediation.

3. This order and the attached mediation referral form shall be forwarded to Kelly Browe Olson at the U.A.L.R. School of Law by fax at (501) 324-9911. A copy of this order shall be provided to the foster parents and the CASA, if appointed. For further information about the mediation, contact (501) 324-9939 or DepNegMeD@ualr.edu

IT IS SO ORDERED. Effective this _____ day of _____.

Name, CIRCUIT JUDGE
JUVENILE DIVISION
DATE: _____

D-N Mediation Referral Form

Case Status: Pre-Adjudication Adjudication Review
 Permanency Planning TPR Post TPR Review

<p>Child's/Children's Name & Date of Birth</p> <p>_____ BD _____</p> <p>_____ BD _____</p> <p>_____ BD _____</p> <p>_____ BD _____</p> <p>_____ BD _____</p> <p>_____ BD _____</p>	<p>Children's AAL Name:</p> <p>Address:</p> <p>Phone #:</p> <p>e-mail:</p>
<p>Mother's Name:</p> <p>Address:</p> <p>Phone #:</p> <p>Mother's Attorney:</p> <p>Address:</p> <p>Phone #:</p> <p>Relative(s):</p> <p>Relationship:</p> <p>Address:</p> <p>Phone #:</p>	<p>Father or Putative Father:</p> <p>Address:</p> <p>Phone #:</p> <p>Father or Putative Father's Attorney:</p> <p>Address:</p> <p>Phone #:</p> <p>Relative(s):</p> <p>Relationship:</p> <p>Address:</p> <p>Phone #:</p>
<p>DHS Case Worker:</p> <p>Address:</p> <p>Phone #:</p> <p>e-mail:</p>	<p>OCC Attorney:</p> <p>Address:</p> <p>Phone #:</p> <p>e-mail:</p>
<p>Probation Officer:</p> <p>Address:</p> <p>Phone #:</p>	<p>CASA Volunteer:</p> <p>Address:</p> <p>Phone #:</p>
<p>Foster Parents' Name:</p> <p>Address:</p> <p>Phone #:</p>	<p>Other:</p> <p>Address:</p> <p>Phone #:</p>