



Community Mediation Services, Inc.

Family Assistance In Resolution (F.A.I.R.)

Phone: (718) 523-6868 ext. 257

Fax: (718) 658-4077

Date of Referral: _____

Referred by: _____

Phone #: _____

Referring Organization: _____

Nature of Conflict (Please check all that apply):

Communication

Respect

Trust

School-Related Issue(s): _____

Dating/Sexual Identity/Relationship

Issue(s): _____

Intra-family Issue(s): _____

Other Issue(s): _____

Other Notes (please include nature of ACS involvement if any):

Child's Name: _____ DOB: _____

Guardian's Name: _____

Contact #: _____

Mailing Address: _____

Relationship to the child: _____

Interpreter Needed? _____ Language: _____

Additional Party Name: _____

Contact #: _____

Relationship to the child: _____

Interpreter Needed? _____ Language: _____