



**NISHNAWBE ASKI LEGAL SERVICES CORPORATION  
TALKING TOGETHER PROGRAM – REFERRAL FORM – CONFIDENTIAL**

Forward completed form to Zelda Watt, Talking Together Program Assistant/Coordinator @ [zwatt@nanlegal.on.ca](mailto:zwatt@nanlegal.on.ca) or fax (807) 622 1096. If you have any questions, please call toll free 1 800 465 5581 or Cell 807 620 8150/807 621 3532.

FOR OFFICE USE ONLY				
LEVEL OF RISK	High:	Medium:	Low:	Initials:
OFFICE OF THE CHILDREN'S LAWYER CONTACTED?	Yes:	No:	Initials	
REVIEWED & APPROVED BY MANAGER:				

**Contact Information**

<b>Applicant/Client Name</b>	<b>First Nation</b>		
<b>Mailing Address</b>	<b>Telephone Number</b>	<b>Date of Birth</b>	
	<b>Email Address</b>		

<b>Mother's Name (if different from above)</b>	<b>First Nation</b>		
<b>Mailing Address</b>	<b>Telephone Number</b>	<b>Date of Birth</b>	
	<b>Email Address</b>		
<b>Father's Name (if different from above)</b>	<b>First Nation</b>		
<b>Mailing Address</b>	<b>Telephone Number</b>	<b>Date of Birth</b>	
	<b>Email Address</b>		

**Case History**

<b>Relationship Status - Applicant/Parents (i.e., married, common-law, etc.,)</b>		
<b>Child/Children brought to a place of safety</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Date (if yes):</b>
<b>Involvement with CAS Current/Previous</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Date (if yes):</b>
<b>Domestic Violence Issues Current/Previous</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>If yes, state conditions:</b>

**Band Council Representative Information**

Name of Council Representative	Address, Telephone #, Fax # & Email Address

**CAS (Worker) Information**

Worker's Name & Agency Name	Address, Telephone #, Fax # & Email Address

**Referral Information**

Referral Date	Reason for Referral	Referent Name, Address & Phone No.

**Child/Children Information**

First Name	Last Name	DOB	Sex	Placement

**Court Orders (If Applicable) Agreements**

Customary Care Agreement (If Applicable)	Voluntary Care Agreement (If Applicable)
<input type="radio"/> YES <input type="radio"/> NO   Expiry Date: _____	<input type="radio"/> YES <input type="radio"/> NO   Expiry Date: _____

**Legal Representatives**

<b>Office of the Children’s Lawyer (OCL) Phone #</b>	<b>Mother’s Lawyer Name &amp; Phone #</b>	<b>Father’s Lawyer Name &amp; Phone #</b>

**Participant Information**

<b>Name</b>	<b>Contact #</b>	<b>Address</b>	<b>Relationship</b>

**Conference Preparation**

<b>Goal</b>	<b>Date</b>	<b>Place</b>

Briefing Notes & Additional Information (re: trial/conferencing dates): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signatures**

<b>Client’s Signature:</b>	<b>Date:</b>
<b>Referent’s Signature:</b>	<b>Date:</b>

**FOR OFFICE USE ONLY**

<b>Manager’s Signature:</b>	
<b>Date Reviewed and Approved:</b>	
<b>Name of Talking Together Facilitator (Assigned to):</b>	