



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

Please send completed referral form to talkingtogether@nanlegal.on.ca or fax (807) 622 1096.
If you have any questions, 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

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

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

Case History

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

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

Office of the Children’s Lawyer (OCL) Phone #	Mother’s Lawyer Name & Phone #	Father’s Lawyer Name & Phone #

Participant Information

Name	Contact #	Address	Relationship

Conference Preparation

Goal	Date	Place

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

Signatures

Client’s Signature:	Date:
Referent’s Signature:	Date:

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