



Peninsula Conflict Resolution Center

Parent- Teen Mediation Program

1660 S. Amphlett Blvd., Suite 219 • San Mateo, CA 94402

650-513-0330 • Fax 650-513-0335 • www.pcrweb.org

Date Referred: _____ Referred by: _____

Agency: _____

Address: _____

Telephone: _____ Fax: _____

Have you explained mediation to the family and have they agreed to participate? _____

Youth Information:

Name	Sex	DOB	Ethn	Address	Telephone #

Parent Information:

Name	Address	Telephone #

Special Needs of the Family: (e.g., language, disability, etc.)

Summary of Issues:

List the issues or the factors involved in the present situation.

- 1.) _____

- 2.) _____

- 3.) _____

- 4.) _____

- 5.) _____

Additional observations or concerns:

For more program information contact Honora Miller at (650)-513-0330.