



Family Group Conferencing Request Form

Agency Details

Agency Name		Branch (if applicable)	
Point of Contact – Name		Point of Contact Details – Email Phone	
Objectives of the Mediation			
Parties to engage in mediation –			
Party #1	Name:	Phone:	
	Relationship:	Town of Residence:	
Party #2	Name:	Phone:	
	Relationship:	Town of Residence:	
Party #3	Name:	Phone:	
	Relationship:	Town of Residence:	
Party #4	Name:	Phone:	
	Relationship:	Town of Residence:	
Timeframe for Commencement		Timeframe for desired Completion	

Additional Details
necessary to gain
full understanding
of service request

Please complete and return to ian@connectingculture.com.au

You will be contacted within 2 business days to confirm receipt of request.