

Date: [Date]

To: [Counselor/Provider Name]

Clinic/Agency: [Agency Name]

Address: [Provider Address]

RE: Mediation Support Counseling Referral for [Client Name]

Dear [Counselor Name],

I am writing to formally refer [Client Name] (DOB: [Date of Birth]) for mediation support counseling services. The client is currently engaged in a mediation process regarding [Type of Dispute, e.g., child custody, divorce settlement, workplace conflict].

The primary objectives for this referral include:

- Emotional regulation and stress management related to the mediation process.
- Communication skill-building to facilitate productive negotiations.
- Clarification of personal needs and interests to assist in decision-making.
- [Additional Objective, e.g., Co-parenting coordination].

Case Background:

[Brief, relevant background information regarding the mediation status and any specific sensitivities].

Mediation Schedule:

The next mediation session is scheduled for [Date]. It would be beneficial if the client could be seen prior to this date to prepare for the upcoming discussions.

Please notify my office once the intake process is complete. If you require further documentation or have any questions regarding this referral, please contact me at [Phone Number] or [Email Address].

Thank you for your professional assistance in supporting this client through their transition.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization]