

# DAFS Case Referral Form for Visitation Access Mediation Program

---

Date of Referral: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
To: Visitation Access Mediation Program Phone: \_\_\_\_\_  
Greystone Building  
1900 E. Flamingo Road, Suite 100 UPI Number: \_\_\_\_\_  
Las Vegas, NV 89119

---

## **Petitioner:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Respondent:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Children Involved in this Action:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is there a future court date in Child Support Court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Date & Time of Hearing: \_\_\_\_\_ Reason \_\_\_\_\_

Who Initiated Request for Mediation? Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_

**Please forward the completed form to the Visitation Access Mediation Program by interoffice mail, fax: 366-2323, or email: [visitation@ClarkCountyDA.com](mailto:visitation@ClarkCountyDA.com)**