



INAFAMAOLEK CONCILIATION

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Service Request Form

Date of referral _____

Name of Organization _____ Contact # _____

Referring person _____ Position / Title _____

Name of Disputant _____ Contact # _____

Is the disputant is a student: No Yes: Age _____ Grade Level _____

Name of Disputant _____ Contact # _____

Is the disputant is a student: No Yes: Age _____ Grade Level _____

Others harmed by action or involved in the conflict: Name, Position, and Contact Information:

| | | | |
|--------------------------|---|--------------------------------------|--|
| Service Requested | <input type="radio"/> Restorative Justice | <input type="radio"/> Mediation | <input type="radio"/> Creating Lasting Family Connection |
| | <input type="radio"/> Conflict Coaching | <input type="radio"/> Peer Mediation | |

Describe the Conflict (please be as specific as possible):

What intervention or disciplinary action has been taken?

What outcomes are you seeking?

What are some of the possible consequences for the participants failing to participate fully in the process?

Are you prepared to accept the outcome? YES NO

Are you willing to participate or willing to enable your staff to participate in the process? YES NO