

**ARIZONA SUPREME COURT  
ADMINISTRATIVE OFFICE OF THE COURTS  
JUVENILE JUSTICE SERVICES DIVISION  
Contract Year 2009-2010  
SERVICE SPECIFICATIONS  
Family Mediation  
Service Code 163**

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**SERVICE DEFINITION:**

This service provides mediation to address internal family conflicts between the identified youth and any other family members which are negatively impacting the youth's behavior.

**STANDARDS/LICENSURE REQUIREMENTS:**

This service does not require specific agency or practitioner licensure. The applicant must be able to demonstrate the training, education and experience in dispute resolution and mediation processes in order to be considered qualified.

**UNITS OF SERVICE:**

One unit equals one hour

**SERVICE GOALS:**

1. Assess and identify issues for mediation.
2. Assist families to incorporate effective conflict resolution skills into their own family dynamic.
3. Provide mediation service to resolve identified conflicts.

**SERVICE TASKS:**

1. Meet with youth and family anywhere it is conducive to conduct the assessment or provide the mediation service.
2. Complete a family evaluation based on the JOLTS risk/needs tool as well as other appropriate tools within 7 days of referral.
3. Educate the family on the mediation process. Review mediation forms and participant expectations prior to the mediation session.
4. Initiate mediation process for identified issues. Ensure all agreements are in writing and that each involved member receives a copy.
5. Assist and train the family in completing their own mediations, so they are able to continue the mediation process without outside guidance and/or intervention by a mediator.
6. The mediator will act as an arbitrator regarding any disputes that occur with the resolution contract.

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I have read and fully understand the requirements to provide Family Mediation services, agree to all requirements and propose the following:

Proposed service rate: \$ \_\_\_\_\_ / hour

Please attach a service description, which clearly outlines how the service will be implemented. Include copies of all assessment forms / tools, mediation guidelines, family instructions or other forms that may be used.

Other proposed conditions: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature / Date

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**AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE**

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Final contract rate: \$ \_\_\_\_\_ / hour

Other Agreement: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature / Date

\_\_\_\_\_  
AOC Signature / Date