

Community Restorative Justice Referral Form

Referring Agency and Person: _____ Phone
#: _____ Email: _____

Date submitted to Restorative Justice Program Coordinator: _____ File if
applicable #: _____

OFFENDER: Young Person / Adult Offender

Surname: _____ G1: _____ Age: _____
Sex: _____

Phone #: (H) _____ (W) _____ (C) _____

Address: _____ Postal Code: _____

Young Offender's PARENTS/GUARDIANS:

Surname: _____ G1: _____

Phone #: (H) _____ (W) _____
(C) _____ Address: _____ Postal Code:

Surname: _____ G1: _____ Phone #:
(H) _____ (W) _____

Phone #: (H) _____ (W) _____ Address: _____ Postal Code:

VICTIM: Young Person / Adult / Business

Surname: _____ G1: _____ Age: _____
Sex: _____

Phone #: (H) _____ (W) _____ (C) _____

Address: _____ Postal Code: _____

DETAILS of EVENT:

Offence committed: _____

Offence date and time: _____

Offence location: _____

If Applicable, has all property been recovered? State of recovered property? Can it be resold? If not, value details:

Summary of offence:

Additional comments that may assist Facilitator (ie background, family history, etc):

To BE Filled Out By Restorative Justice Coordinator

RECEIVED BY RESTORATIVE JUSTICE COORDINATOR (date & time): _____

APPROVED for Program: Yes / No

Date Offender contacted: _____

Date Young Offender Parent/Guardian contacted: _____

Date Victim contacted: _____

Comments:

Assigned to Facilitator: _____

Forum Date and Time: _____

Location: _____

Restorative Justice Program Coordinator

Date