

Your logo here

Referral Form - Restorative Justice Services

Date: _____

Youth Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Victim(s) Name & Contact Info: _____

Council for Offender – Name/Contact: _____

Court ordered? Yes No

Presenting issue/purpose for referral:

What is your desired outcome?

Example: establish restitution agreement as part of the conference OR assist youth with reintegration back into neighborhood upon release from IDJC custody.

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Please list names & contact information for parties you think might be involved in this intervention. This would include supporters for both the victim and offender, school personnel, community members, etc. Attach additional page if necessary.

Name: _____ Ph: _____

Role: _____ (ex: offender's older brother)

Name: _____ Ph: _____

Role: _____ (ex: victim's sister)

Name: _____ Ph: _____

Role: _____ (ex: offender's family friend)

Name: _____ Ph: _____

Role: _____ (ex: victim's coworker)

Possible options:

Restorative Conference Family Group Conference Facilitated Dialogue

Coordinator may refer case to other intervention models (mediation/circle) as appropriate

Date intervention needed by: _____

Referral Information

Referred by: _____ Agency: _____

Phone: _____ E-Mail: _____

*Please submit completed form via email, mail or in-person.
Please contact us with any questions. Thank you!*