

DISTRICT 5 RESTORATIVE INTERVENTION TRACKING SHEET

Name of Organization: _____

Case # (if applicable): _____

Facilitator(s): _____

Date of Intervention: _____

Number of Participants: _____

Victim Involved Offense/Issue (Y/N): _____

Victimless Offense/Issue (Y/N): _____

Check One:

- | | |
|-------------------------------|----------------------------|
| _____ Restorative Conference | _____ Circle |
| _____ Family Group Conference | _____ Facilitated Dialogue |
| _____ Mediation | |

Check One:

- | | |
|--------------------------------------|----------------------------------|
| _____ Completed Intervention | _____ Intervention Not Completed |
| _____ Victim declined to participate | |

Referral Source:

- _____ Court/Prosecutor Referral – Post Sentencing
 - _____ Court/Prosecutor Referral – Pre Sentencing
 - _____ School Based Referral
 - _____ Probation Referral
 - _____ Law Enforcement Referral
 - _____ Other (please provide information): _____
-

Outcomes:

_____ Written Agreement

_____ Verbal Agreement

Comments: _____

Recommendations: _____

Submitted By: _____

Phone: _____ Email: _____

Date: _____

Please email or mail to: