***Restorative Justice Project Referral Form***

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| --- | --- | --- | --- |
| Referred / Harmer |  |  |  |
| Name |  | Date of Birth |  |
| Address |  | Phone / Email |  |
| Support Person Name (& relationship –e.g. parent) |  | Phone / Email |  |
| RJP Consent Form Signed | Yes / No | YLS-I |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Information |  |  |  |
| Referring Party |  | Phone / Email |  |
| Referral Date |  | Incident Date |  |
| Type of Referral | ☐Informal Adjustment ☐Deferred Disposition ☐Other | MDOC # |  |
| Charge (& Class) |  | Investigating Officer |  |
| Defence Attorney |  | Phone / Email |  |
| Good Outcome Offer |  | Next Court Date |  |
| Court Ordered Restitution? | Yes / No Amount: \_\_\_\_\_\_\_\_\_\_ | Court Ordered Community Service? | Yes /No Amount: \_\_\_\_\_ |

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| --- | --- | --- | --- | --- |
| Harmed | Harmed party is willing to be contacted yes / no |  |  | |
| Name |  | | | |
| Address |  | Phone / Email | |  |
| Support Person Name  (& relationship –e.g. spouse) |  | Phone / Email | |  |
| Referring Party has ☐contacted harmed and they agree to participate ☐asked VWA to contact harmed ☐asked RJP to contact harmed | | | | |

***Please List Additional Referred / Harmer or Harmed Parties Information on reverse side of page…***

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| Details of the Referred Event(s) & Any Relevant Participant Notes |
|  |

I***Remainder of this page for RJP Office Use Only … RJP Office Use Only … RJP Office Use Only … RJP Office Use Only… RJP Office Use Only …***

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| --- | --- | --- | --- |
| Case Name |  |  |  |
| Additional RJP Participants |  |  |  |
| Mentor |  | Phone / Email |  |
| Community Participant |  | Phone / Email |  |
| Other |  | Phone / Email |  |

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| --- | --- | --- | --- |
| RJP Process | Date | Location | Facilitators |
| Harmer Pre-conference |  |  |  |
| Harmed Pre-conference |  |  |  |
| Conference |  |  |  |
| Closing Conference |  |  |  |
| Repair Agreement Conclusion | Yes / No / Other | Details | |

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| --- | --- | --- | --- |
| Referred / Harmer #2 |  |  |  |
| Name |  | Date of Birth |  |
| Address |  | Phone / Email |  |
| Support Person Name (& relationship –e.g. parent) |  | Phone / Email |  |
| RJP Consent Form Signed | Yes / No | YLS-I |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referred / Harmer #3 |  |  |  |
| Name |  | Date of Birth |  |
| Address |  | Phone / Email |  |
| Support Person Name (& relationship –e.g. parent) |  | Phone / Email |  |
| RJP Consent Form Signed | Yes / No | YLS-I |  |

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| Harmed #2 | Harmed party is willing to be contacted yes / no |  |  | |
| Name |  | | | |
| Address |  | Phone / Email | |  |
| Support Person Name  (& relationship –e.g. spouse) |  | Phone / Email | |  |
| Referring Party has ☐contacted harmed and they agree to participate ☐asked VWA to contact harmed ☐asked RJP to contact harmed | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Harmed #3 | Harmed party is willing to be contacted yes / no |  |  | |
| Name |  | | | |
| Address |  | Phone / Email | |  |
| Support Person Name  (& relationship –e.g. spouse) |  | Phone / Email | |  |
| Referring Party has ☐contacted harmed and they agree to participate ☐asked VWA to contact harmed ☐asked RJP to contact harmed | | | | |

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| --- |
| Any Additional Notes: |
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