

Restorative Justice Pilot Program



Referral Form

INSTRUCTIONS

Complete this form and submit with the following directly to the RJ vendor:

Signed Memorandum of Understanding

Police report or description of facts

CASE INFORMATION

Court:	Is RP in custody?	Yes	No
Docket #:	If yes, where:		
Authorizing Judge:	Is there an impacted party?	Yes	No
<i>If yes, please provide contact information below</i>			
Date Referral Approved:	Next Court Date:		

IMPACTED PARTY #1

Name:	Phone #:		
Email:	Preferred language:		
This impacted party is open to contact with the RJ vendor through this process		Yes	No
Preferred Contact Method:	Phone	Email	Other (specify):

IMPACTED PARTY #2

Name:	Phone #:		
Email:	Preferred language:		
This impacted party is open to contact with the RJ vendor through this process		Yes	No
Preferred Contact Method:	Phone	Email	Other (specify):

RESPONSIBLE PARTY

Name:	Phone #:		
Email:	Preferred language:		
Preferred Contact Method:	Phone	Email	Other (specify):

DEFENSE ATTORNEY

Name:
Email:
Phone:

PROSECUTOR

Name:
Email:
Phone:

VICTIM WITNESS ADVOCATE

Name:
Email:
Phone:

COMMENTS - Any other comments/notes about the referral to add at this time (attach additional pages as needed)

This form may not be used for any purpose other than referral to the Restorative Justice Pilot Program and may not be provided to the Responsible or Impacted Party.