

Conflict Solutions-Restorative Justice Partnership Initiative

Referral Form



Offense Information

Date of Referral: Referral Source: Phone: Email:
Case Number: Law Enforcement Agency: SB Sheriff LPD SMPD SBPD GPD
Offense: If other? Date of Offense: Arresting Officer: Phone:
Number of co-offenders: Are co-offenders referred to RJ mediation? Yes No

Client Information

Youth Name: Date of Birth Phone Number(s):
Address: FORMTEXT School:
City/Zip Code: Parent/Guardian Name(s):
Notes:

Victim Information

Victim Name: Victim informed about RJ? Yes No
Address:
City/Zip Code: Phone Number(s)
Parent/Guardian Name (if juvenile):
Date of Birth (if juvenile): School:
Special Considerations/Notes:

I hereby authorize the release of information, to the above indicated agencies, as well as the current and/or last school attended by the minor; and for those agencies/schools to release information as contained in their case file to Conflict Solutions Center-Restorative Justice Partnership Initiative..

From: to: Release obtained? Yes No
(Dates)

Parent Signature: _____ Date: _____

Juvenile Signature: _____ Date: _____

TO SEND THIS REFERRAL via EMAIL:

- 1) Copy the below email address; 2) go to "File" drop down menu above, click "send to—mail recipient-as attachment"; 3) when email format pops up, paste the email address;
- 4) click "Send"

Email to: info@cscsb.org
