

# Conflict Solutions-Restorative Justice Partnership Initiative

## Referral Form



### Offense Information

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

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### Client Information

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

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### 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:  
If more than one victim, please list here:

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**Please FAX this form to (805) 349-8963**  
**Call 349-8943 to confirm our receipt of the referral form**

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