



Referring Agency:

Originating Detachment:

Type of Referral:

Date of Referral:

Court Date:

Docket Number:

Date of Offence:

Type of Offence:

Officer Involved:  Contact:

Police File Number

Is referring officer willing to participate in the Restorative Justice Conference or Restorative Practice?

Crown Prosecutor:  Contact:

Defense Counsel  Contact:

Judge / Justice:

Probation Officer:

Agencies or Support Services:

**OFFENDER INFORMATION (PERSON WHO CAUSED HARM)**

Legal Name:

Preferred Name:

Gender:  Date of Birth:

Contact Information:

If Minor; Parent or Guardian Name:  Contact:

Has the offender agreed to be contacted by RRDRJ?

**VICTIM INFORMATION (PERSON WHO WAS HARMED)**

Legal Name:

Preferred Name:

Gender:  Date of Birth:

Contact Information:

If Minor; Parent or Guardian Name:  Contact:

Has the victim agreed to be contacted by RRDRJ?



**INCIDENT INFORMATION**

Provide details of incident and anything you think is important for the case worker to know regarding the people involved:

A series of 25 horizontal grey bars provided for text entry.