



PROGRAM INFORMATION & REFERRAL ACKNOWLEDGEMENT

This referral form is for non-contact restorative justice pathways. Submitting a referral does not guarantee acceptance into the program. All referrals are screened for safety, readiness, and appropriateness. Survivor participation is never required. This program does not replace criminal, child protection, or emergency responses.

(initial here) **I confirm that I have read and understand the above information.**

REFERRAL INFORMATION

Referring Agency:

Referring Person:

Phone Number: Email:

Type of Referral: (choose one)

<input type="checkbox"/> Restorative	<input type="checkbox"/> Pre-Charge	<input type="checkbox"/> Pre-Plea
<input type="checkbox"/> Diversion	<input type="checkbox"/> Post-Charge	<input type="checkbox"/> Post-Plea

Date of Referral:

Date of Harm or Offense:

Location of Incident:

INCIDENT DETAILS (Reason for the Referral):

Provide details of incident and anything you think is important for the restorative justice facilitator to know regarding the incident, harm caused, and/or the people involved.

Has a report been made to law enforcement? If yes, which detachment:

Police File Number:

Officer Involved: Contact:

Potential Charge:



REFERRED PERSON INFORMATION

Legal Name:

Preferred Name:

Gender: Date of Birth:

Phone Number: Email:

Address:

If Minor; Parent or Guardian Name: Contact:

Current supports in place, if known:

Is there anything important we should know with regard to client safety before moving forward?