



Tungasuvvingat Inuit

RESTORATIVE JUSTICE CONFERENCING DIVERSION REFERRAL FORM

TO BE FILLED OUT BY CROWN COUNSEL OR OTTAWA POLICE SERVICE

Referred By: _____	Date of Referral: _____
<input type="checkbox"/> Pre-Charge Diversion	<input type="checkbox"/> Court (Post-Charge) Diversion
Name of Offender: _____	Date Of Birth: _____
Address: _____	Phone Number: _____
Offence(s): _____	Criminal Code: _____

Please attach the summary of the offence or Prosecutor Information Sheet.

Has the person accepted responsibility for the harm described above?	Yes	No
Has the person agreed to work with the Restorative Justice Liason, Caseworker, and IRJC?	Yes	No
Has the person who was harmed been notified about the referral?	Yes	No
Has the person who was harmed agree to be contacted by the RJL, Caseworker, and IRJC for a restorative justice approach?	Yes	No

TO BE FILLED OUT BY RJL AND SENT BACK TO REFERRAL SOURCE

This Diversion has been:							
<input type="checkbox"/> Accepted	Date Set (For Initial Meeting): _____						
<input type="checkbox"/> Not Accepted							
RJL or Chairperson						Date	
IRJC Member						Date	

