



RESTORATIVE JUSTICE CONFERENCING DIVERSION REFERRAL FORM

SECTION 1 - TO BE FILLED OUT BY CROWN COUNSEL

REFERRAL SOURCE SURNAME	REFERRAL SOURCE FIRST NAME	CONTACT NUMBER	EMAIL ADDRESS
CLIENT SURNAME	CLIENT FIRST NAME	DATE OF BIRTH	CASE NUMBER
CITY OF RESIDENCE	PROVINCE	POSTAL CODE	CONTACT NUMBER
OFFENCE(S)	CRIMINAL CODE	REFERRAL DATE	
LANGUAGE SUPPORT NEEDS			

ATTACHMENTS REQUIRED

SUMMARY OF OFFENCE	PROSECUTOR INFORMATION SHEET

HAS THE PERSON ACCEPTED RESPONSIBILITY FOR THE HARM DESCRIBED ABOVE?	
HAS THE PERSON AGREED TO WORK WITH THE RESTORATIVE JUSTICE LIAISON, RESTORATIVE JUSTICE CASEWORKER AND IRJC?	
HAS THE PERSON WHO WAS HARMED BEEN NOTIFIED ABOUT THE REFERRAL?	
HAS THE PERSON WHO WAS HARMED AGREE TO BE CONTACTED BY THE RJL, RJC, AND IRJC FOR A RESTORATIVE JUSTICE APPROACH?	

SECTION 2 - TO BE FILLED OUT BY RJL AND SENT BACK TO REFERRAL SOURCE

IKAJURIALLATIIT RESTORATIVE JUSTICE COMMITTEE HAS DETERMINED THE FOLLOWING:

1. CASE ACCEPTED

CASE START DATE	
ESTIMATED CASE END DATE	
DATE OF INITIAL MEETING	

2. CASE NOT ACCEPTED

REASONS		DATE SENT BACK	
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SECTION 3 - PJD/IRJC SIGNATURES

SURNAME	FIRST NAME	TITLE	SIGNATURE	DATE
		CHAIRPERSON		
		IRJC MEMBER		
		RJL/RJC		