



Direct Referral to Restorative Justice program with Synergy



Police File No.

Offender Information

First Name		Last Name	
Birthdate (yyyy-mm-dd)	Age	Gender	Telephone Number
Email Address(s)			Contacted and Informed of Referral Yes No
Mailing Address with Postal Code		Consent to Participate in Restorative Justice (signature required)	

Parent(s)/Guardian if offender is a minor

First Name	Last Name
Email Address(s)	Telephone Number(s)
Mailing Address (if different from above)	Contacted and Informed of Referral Yes No

Reason for Referral

Comments / Recommendations of People who Should be Contacted

Victim Information

First Name		Last Name	
Organization Name (if applicable)		Organization Telephone Number (if applicable)	
Birthdate (yyyy-mm-dd)	Age	Gender	Telephone Number
Email Address(s)			Contacted and Informed of Referral Yes No
Mailing Address (Province & Postal Code)		Consent to Participate in Restorative Justice (signature required)	

Parent(s)/Guardian if victim is a minor

First Name	Last Name
Email Address(s)	Telephone Number(s)
Mailing Address (if different from above)	Contacted and Informed of Referral Yes No

Notes:

Police officer

I hereby refer the above offender

Print Name of Officer

Date (yyyy-mm-dd)

Officer's Signature