



Restorative Justice Referral Form

Fax to 505-243-0446

Appropriate Program Assignment

- ATV (Alternative to Violence) (505) 243-2551
- Victim Offender Mediation (505) 243-2551
- New Connections Program (505) 243-2551

Date of Referral: _____

Referring Agent Name: _____

School or Org: _____

Phone: _____

Email: _____

Mother's Name: _____

Mother's Phone(s): _____

Father's Name: _____

Father's Phone(s): _____

IDENTIFIED YOUTH: (Referred Individual)

Name: _____

Address: _____ City: _____ Zip _____

DOB: _____ Gender: _____ Ethnicity: Caucasian African American

Asian Hispanic American Indian Tribe: _____ other

School/Grade Level: _____

Geographic Location: Rural Urban Suburban Tribal Youth population not directly served

Other individuals, parties, or agency servicing referred individual: _____

Is **referred individual** currently employed: Y N Length of time: _____

Name of employer: _____

Reason for Referral: _____

OK TO CALL? YES NO CALL TO: _____

OK TO LEAVE MESSAGE? YES NO IF YES, NUMBER _____

IF NOT OK, ALTERNATIVE CONTACT METHOD _____

OFFICE USE ONLY

Case # _____

Date Received: _____

Date Entered Program: _____

Date Completed Program: _____

Case Mgr.: _____

Additional Referral: _____

Successful Completion Yes No



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SCREENING INFORMATION:

- Youth between 14 and 18 years old
- Youth can participate in English
- Youth and guardian can commit to attend 4 or 12 week group,
Tuesdays, Wednesdays or Thursdays 5-7pm, with transportation

NOTE any areas that may require further attention during assessment: _____

Other Identified Party(s):

Name: _____ Phone: _____
Address: _____ City: _____ Zip _____
Relationship to referred youth: _____ Phone (s): _____ DOB: _____
Gender: _____ School/Grade Level: _____ Ethnicity: African American Asian Caucasian
 American Indian Tribe: _____ Hispanic Other: _____
Parent/Guardian Name: _____ Date of Incident: _____
Employer: _____ Other Information: _____
Party is: Institution Business Private Individual Family Member

Other Identified Party(s):

Name: _____ Phone: _____
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Relationship to referred youth: _____ Phone (s): _____ DOB: _____
Gender: _____ School/Grade Level: _____ Ethnicity: African American Asian Caucasian
 American Indian Tribe: _____ Hispanic Other: _____
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