

Restorative Justice Referral

Community Justice Centre

Suite E, 450 – 8th Street, Courtenay, B.C., V9N 1N5
334-8101 Fax 334-8102 cjc@shawbiz.ca

When making a DIRECT REFERRAL, please ensure you have a Police File Number, even if RCMP officers did not attend.

Police File # _____ Received at CJC _____

Accused/Respondent #1 Is in agreement with referral Yes

Surname: _____ Given name: _____

Youth Adult Age: _____ BD: y _____ m _____ d _____ Sex _____

Address _____ Phone _____ Cell _____

Parent/Guardian of Youth: Is in agreement with referral Yes

Surname: _____ G1: _____ Phone _____ Cell _____

Address _____ Postal Code: _____

Home Phone: _____ cell _____ Work Phone: _____

Name of Store: _____ Is in agreement with referral Yes

The Complainant (Business) authorizes the CJC to appoint a volunteer representative to attend the Resolution Conference and to approve the Resolution Conference (a copy of the agreement will be mailed to the store following the resolution conference)

Yes _____ No (business will send a rep) _____ (Complete section below)

Surname of Rep: _____ G1 _____

Address _____ Postal Code: _____

Home Phone: _____ cell _____ Work Phone: _____

Incident Date: y _____ m _____ d _____ Time _____

Address Location _____

Background that may assist in resolution: _____

Details of Event: (attach LPO's report of the event with sufficient details to permit resolution agreement to cover of all elements of the incident.)

Name of person referring Surname: _____ Given name: _____

Phone _____ Cell _____ Address _____

Postal Code: _____