**Restorative Justice and Mediation Service Referral Form**

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| **General Information** | |
| **Name of referrer:** | |
| **Organisation/position:** | |
| **Contact number:** | **Email:** |
| *We may contact you for further information.* | |
| **Reference:** | |
| *(Your ref to identify the case e.g., Athena)* | |
| **Why are you referring this case?** | |
| *(E.g., Restorative Justice, mediation …)* | |
| **Please outlined the incident(s) to be addressed:** | |
|  | |
| **Are the participants willing to take part in the process?  Yes  No** | |
| *(Participants must be willing to take part in the process for it to progress)*  *Comment:* | |
|  | |
| **Does the incident involve any of the following?** *Please select all that apply.*  Domestic Abuse  Sexual Abuse  Hate crime  Integrated Offender Management (IOM)  Violence Against Women and Girls (VAWG) | |
| *(Case involving domestic or sexual abuse must be initiated by the victim, not the offender except in exceptional circumstances)*  *Comment:* | |
|  | |
| **Is there a court case in progress relating to any participant?  Yes  No** | |
| *(Cases involving courts cannot be progressed until sentencing has been imposed)*  *Comment:* | |
|  | |
| **Have the participants had mediation with us before?  Yes  No** | |
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| *\*If you are unsure, send the referral to the email address below and ERMS will assess\** | |

**\*Please complete the next section\***

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| **Contact Information: Party 1** | | |
| **Name:** | | **DOB:** |
| **Address:** | | **Gender:** |
| **Contact Number:** | | **Email:** |
|  | | |
| **Case information** | | |
|  | | |
| **Is the party aware of this referral?  Yes  No** | | |
|  | | |
| **Have they consented for their details to be passed on?  Yes  No** | | |
|  | | |
| **Has there been previous action taken around this incident or participant? Are there other agencies involved? Please write contact information below.** *Please remember that RJ is only part of the solution and ensure that you have made appropriate referrals through your own Community Safety Partnership, Safeguarding etc. as well.* | | |
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|  | | |
| **Please add any comments / further information that you think are important to this case. Please also attach any relevant information (particularly involving risk):** | | |
|  | | |
|  | | |
| *For under 18s, please provide details of an appropriate adult:* | | |
| *Name:* | | |
|  | | |
| *Relationship:* | | |
|  | | |
| *Contact number (if different):* | | |
|  | | |
| *Address (if different):* | | |
|  | | |
| **I [Name of RJ participant] consent to my details being passed to the Essex Restorative and Mediation Service who will contact me to discuss further.** | | |
| **Signed: .** | **Date: .** | |
|  | | |
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*\*Please complete a new section for each party\**

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| **Contact Information: Party 2** | | |
| **Name:** | | **DOB:** |
| **Address:** | | **Gender:** |
| **Contact Number:** | | **Email:** |
|  | | |
| **Case information** | | |
|  | | |
| **Is the party aware of this referral?  Yes  No** | | |
|  | | |
| **Have they consented for their details to be passed on?  Yes  No** | | |
|  | | |
| **Has there been previous action taken around this incident or participant? Are there other agencies involved? Please write contact information below.** *Please remember that RJ is only part of the solution and ensure that you have made appropriate referrals through your own Community Safety Partnership, Safeguarding etc. as well.* | | |
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| **Please add any comments / further information that you think are important to this case. Please also attach any relevant information (particularly involving risk):** | | |
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|  | | |
| *For under 18s, please provide details of an appropriate adult:* | | |
| *Name:* | | |
|  | | |
| *Relationship:* | | |
|  | | |
| *Contact number (if different):* | | |
|  | | |
| *Address (if different):* | | |
|  | | |
| **I [Name of RJ participant] consent to my details being passed to the Essex Restorative and Mediation Service who will contact me to discuss further.** | | |
| **Signed: .** | **Date: .** | |
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*\*Please complete a new section for each party\**

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| **Contact Information: Party 3** | | |
| **Name:** | | **DOB:** |
| **Address:** | | **Gender:** |
| **Contact Number:** | | **Email:** |
|  | | |
| **Case information** | | |
|  | | |
| **Is the party aware of this referral?  Yes  No** | | |
|  | | |
| **Have they consented for their details to be passed on?  Yes  No** | | |
|  | | |
| **Has there been previous action taken around this incident or participant? Are there other agencies involved? Please write contact information below.** *Please remember that RJ is only part of the solution and ensure that you have made appropriate referrals through your own Community Safety Partnership, Safeguarding etc. as well.* | | |
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| **Please add any comments / further information that you think are important to this case. Please also attach any relevant information (particularly involving risk):** | | |
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|  | | |
| *For under 18s, please provide details of an appropriate adult:* | | |
| *Name:* | | |
|  | | |
| *Relationship:* | | |
|  | | |
| *Contact number (if different):* | | |
|  | | |
| *Address (if different):* | | |
|  | | |
| **I [Name of RJ participant] consent to my details being passed to the Essex Restorative and Mediation Service who will contact me to discuss further.** | | |
| **Signed: .** | **Date: .** | |
|  | | |

*\*Please complete a new section for each party\**