



WOOD BUFFALO

RESTORATIVE JUSTICE

105 Paquette Drive
Fort McMurray, AB T9K 0P5
Telephone: 780-788-4245
Email: restorative.justice@rmwb.ca

Referral Form

First Name: _____	Last Name: _____
Birthdate: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> N/A <input type="checkbox"/>
Address: _____	City: _____
Province: _____ Postal Code: _____	Telephone: _____
Email: _____	

Parent or Legal Guardian

First Name: _____	Last Name: _____
Address: _____	City: _____
Province: _____ Postal Code: _____	Telephone: _____
Email: _____	Contacted and informed of referral: Yes <input type="checkbox"/> No <input type="checkbox"/>

The offender has admitted responsibility for the offence, is able to give informed consent to participate in the Restorative Justice Program, and has agreed to the Restorative Justice referral for the offence.

Yes No

Reason for Referral



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Referral Form

Comments and/or Recommendations

Victim

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____

Email: _____

Contacted and informed of referral: Yes No

Interested in further involvement: Yes No

The victim is able to give informed consent (the ability to understand the matter for which consent is being sought and appreciate the consequences of giving or refusing consent) to participate in the Restorative Justice process, and has agreed to the Restorative Justice referral for the offence.

Yes No

Police File Number: _____

Referring Agency Contact Information

I hereby refer the above person to extrajudicial measures

Name (please print)

Date

Signature