

Restorative Justice and Mediation

Referral form

General Information

**Name of referrer:**

**Organisation / position:**

**Contact number:**

**Email:**

*The RJ Hub may contact you for more information*

**Why are you referring this case?**

- Self-referral       Other.....
- Out of court disposal (please attach appropriate form)

**Please outline 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 domestic or sexual abuse?**

**Yes / No**

*(Cases involving domestic or sexual abuse may not be suitable for RJ)*

*Comment:*

**Is there a court case in progress relating to any participant?**

**Yes / No**

*(Cases involving courts can not be progressed until sentencing has been imposed)*

*Comment:*

\*If you are unsure, send the referral to the email address below and the RJ Hub will assess\*

**\*please complete the next section\***

PLEASE COMPLETE THIS FORM AND SEND TO '[restorativejustice@essex.pnn.police.uk](mailto:restorativejustice@essex.pnn.police.uk)' Form should be submitted using a secure email address e.g. gcsx, pnn, cjsm, gsi etc

*Listen. Support. Repair*



**Contact Information: Party 1**

**Name of potential RJ participant:**  
**Address:**  
**Telephone Number:**

**DOB:**  
**Male / Female**

**Case information**

**Is the party aware of this referral?**      **Yes**      **No**

**Have they consented to have their details passed on?**      **Yes**      **No**

**Has there been any previous action taken around this incident or participant? Are there other agencies involved? Please write contact information below.** Please remember that RJ is only a part of the solution and ensure that you have made appropriate referrals through our own Community Safety Partnership, safeguarding etc. as well.

**Please add any comments / further info 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 telephone (if different):*

*Address: (if different):*

**I.....[name of RJ participant] consent to my details being passed to the Restorative Justice Hub (including Probation, Victim Support and the Police), who will contact me to discuss further.**

**Signed..... Date: .....**

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\*Please complete new section for each party\*

**Contact Information: Party 2**

**Name of potential RJ participant:**  
**Address:**  
**Telephone Number:**

**DOB:**  
**Male / Female**

**Case information**

**Is the party aware of this referral? Yes                      No**

**Have they consented to have their details passed on? Yes                      No**

**Has there been any previous action taken around this incident or participant? Are there other agencies involved? Please write contact information below.** Please remember that RJ is only a part of the solution and ensure that you have made appropriate referrals through our own Community Safety Partnership, safeguarding etc. as well.

**Please add any comments / further info 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 telephone (if different):*

*Address: (if different):*

**I.....[name of RJ participant] consent to my details being passed to the Restorative Justice Hub (including Probation, Victim Support and the Police), who will contact me to discuss further.**

**Signed..... Date: .....**



**Contact Information: Party 3**

**Name of potential RJ participant:**

**DOB:**

**Address:**

**Male / Female**

**Telephone Number:**

**Case information**

**Is the party aware of this referral? Yes                      No**

**Have they consented to have their details passed on? Yes                      No**

**Has there been any previous action taken around this incident or participant? Are there other agencies involved? Please write contact information below.** Please remember that RJ is only a part of the solution and ensure that you have made appropriate referrals through our own Community Safety Partnership, safeguarding etc. as well.

**Please add any comments / further info 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 telephone (if different):*

*Address: (If different):*

**I.....[name of RJ participant] consent to my details being passed to the Restorative Justice Hub (including Probation, Victim Support and the Police), who will contact me to discuss further.**

**Signed..... Date: .....**

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