**Restorative Justice and Mediation**

**Referral form**

**General Information**

**Name of referrer:**

**Organisation / position:**

**Contact number: Email:**

*We may contact you for more information*

**Reference:**

*(Your ref to identify the case e.g. Athena)*

**Why are you referring this case?**

*(E.g. Restorative Justice, Mediation…)*

**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 must be initiated by the victim, not the offender)*

*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 they had mediation with us before? Yes / No**

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

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

**Contact Information: Party 1**

**Name of potential RJ participant: DOB:**

**Address: Gender:**

**Telephone Number: Email:**

**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 Essex Restorative and Mediation Service who will contact me to discuss further.**

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

\*Please complete new section for each party\*

**Contact Information: Party 2**

**Name of potential RJ participant: DOB:**

**Address: Gender:**

**Telephone Number: Email:**

**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 Essex Restorative and Mediation Service who will contact me to discuss further.**

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

**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: Gender:**

**Telephone Number: Email:**

**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 Essex Restorative and Mediation Service who will contact me to discuss further.**

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

**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: ………………………………**

**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: ………………………………**