 **Restorative Justice Request Form**

**SEND FORM TO APPROPRIATE PROSECUTION OFFICE FOR REFERRAL**

RJ ALBERTA COURTS AGENCY ROSTER: <https://rjalbertacourts.ca/rj-agencies>

**Fields with a red asterisk \* are mandatory and the request cannot be processed unless filled in**

\* Date Requested:       \* Date Required:       \* Court Date:

\* Has the Accused participated in restorative justice processes in the past? [ ]  Yes [ ]  No [ ]  Unknown

**\* Name of the Accused:**  \* DOB:

\* Address:

Indigenous Community, if applicable:

\* Email:       Social Media:

 Instagram/Facebook/Twitter

\* Primary Phone:       Secondary Phone:

[ ]  The Accused person has had the Restorative Justice Program explained and wishes to participate.

[ ]  The Accused person accepts responsibility for their actions or omissions.

[ ]  The Accused person waives delay while participating in the restorative justice process.

Secondary Contact 1: \* Name:       \* Phone:

Address:       Email/Social Media:

Secondary Contact 2: \* Name:       \* Phone:

Address:       Email/Social Media:

\* **Name of Judge/Justice:**

\* Court Location:       \* [ ]  Provincial Court [ ]  Court of Queen’s Bench

\* Custody Status: [ ]  In custody [ ]  Not in custody Correctional Facility, if known:

Probation Officer / Bail Supervisor:       Phone:

Agencies / Community Support Services (if applicable):

RJ Program (if known):

 (from RJ Agency Roster referenced above)

Purpose of referral: [ ]  Diversion [ ]  Sentencing [ ]  Other (explain):

\* Defence Counsel, if any:

\* Defence Email:       \* Defence Phone:

\* Crown Prosecutor:

\* Crown Email:       \* Crown Phone:

|  |  |  |
| --- | --- | --- |
| **Charge** | **Offence Date** | **\*Docket Number** |
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**Comments**: