 **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**: