

SEND FORM TO APPROPRIATE PROSECUTION OFFICE FOR REFERRAL

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

Instruction: Send form to appropriate prosecution office for referral

Fields with an 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

* Referral Source: Court of Justice Court of King's Bench

* Crown Office Making Referral:

* Name of the Accused: _____ * DOB (DD/MM/YYYY): _____

* 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: _____ * Court of Justice *Court of King'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

Comments: