



# Restorative Circle REFERRAL FORM

SUBMIT COMPLETED FORM TO:  
[referral@thecra.net](mailto:referral@thecra.net)

COMMUNITY

NAME OF REFERRING ORGANIZATION/INDIVIDUAL:

CONTACT PERSON:

POSITION:

TELEPHONE:

EMAIL:

DESCRIPTION OF INCIDENT: (use back if necessary)

DATE OF INCIDENT:

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Names of Participants:	Under 18?	Guardian Name (if under 18):	Involvement:	Telephone Number(s):	Email:	Referral discussed with participant (and guardian if under 18)?

**OFFICIAL USE ONLY:** Prevention ☐ Intervention ☐ Restorative Conversation ☐ Agreement Kept ☐

CASE NUMBER: \_\_\_\_\_ FACILITATOR: \_\_\_\_\_ PREP TIME: \_\_\_\_\_ NUMBER OF PREP CONVERSATIONS: \_\_\_\_\_

CASE STATUS: \_\_\_\_\_ CONSEQUENCE(S) PREVENTED (IF ANY): \_\_\_\_\_ DATE REFERRAL RECEIVED: \_\_\_\_\_