**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**



**RESTORATIVE JUSTICE CIRCLE**

**PRE-CHARGE REFERRAL / DIVERSION**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSSIBLE CHARGES BEFORE THE COURT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INVESTIGATING OFFICER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMUNITY:

The Police synopsis/brief has been reviewed and I am of the opinion that there is a reasonable prospect of charges being laid and a conviction to the above possible charge (s) against the accused.

I hereby consent to the Referral / Diversion of the above noted possible charge (s) to the Pre-Charge Diversion Program (Restorative Justice).

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Police Officer Date

**ACCUSED CONSENT:**

1. I accept responsibility for my actions which give rise to the above noted charge (s).
2. I have had an opportunity to speak to a lawyer about this referral or have been advised to speak to alawyer about the referral to the RESTORATIVE JUSTICE PROGRAM and choose not to.
3. I understand that I do not have to accept this referral or sign this consent agreement.
4. I consent to attend the RESTORATIVE JUSTICE PROGRAM and to comply with all the terms of the RESTORATIVE JUSTICE PROGRAM.

5. I understand that any statements made during a circle are confidential and sacred and are not to be used against the accused in a Court of Law.

6. I understand that if I do not comply with the terms of the RESTORATIVE JUSTICE PROGRAM that my case will be referred back to the courts.

7. I understand that once I have completed the terms of the RESTORATIVE JUSTICE PROGRAM that my charges may be withdrawn or stayed, subject to the final approval of the Crown Attorney and the Courts.

Signed at this day of 20\_\_.

Signature of Accused Witness

RESTORATIVE JUSTICE REFERRAL FORM

**2**

**CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN CONSENT:**

1. I have reviewed the possible charges facing the accused and am in full agreement that a referral / diversion to the local Pre-Charge Diversion Program take place as soon as possible to repair the harm that was done.
2. I understand that I / we do not have to accept this referral / diversion and that the matter can proceed with charges being laid.
3. I also understand that if the accused does not fulfil the terms of the Restorative Justice Circle Agreement that charges could be laid and the matter referred to the courts.
4. I understand that proceedings in the circle are confidential and are not to be used against the accused in a Court of Law.
5. I understand that once the accused has completed the requirements of the Restorative Justice Circle Agreement the possible charges may be withdrawn, subject to the final approval of the investigating officer or his/her designate.

Signed at this day of, 20\_\_\_\_.

Signature of Parent/Guardian Witness