



Nishnawbe-Aski Legal Services Corporation

Restorative Justice Post-Charge Referral

Date of Referral: _____

Referral Source (Name & Organization): _____

Name of Accused: _____ Date of Birth: _____

Accused Contact Information: _____

Charge(s) for Restorative Justice: _____

Charge(s) Date: _____ Charge(s) Location: _____ Next Court Date: _____

Complainant(s) Name:	Contact Information (or Crown phone number):	Date of Birth:
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Crown Consent: I am of the opinion that there is a reasonable prospect of conviction for the charge(s) against the accused and I hereby consent to referring the matter to the Restorative Justice Program. I acknowledge that I have the discretion to proceed with prosecution if the accused does not successfully complete the program.

Crown Signature

Date

Accused Consent:

1. I understand that the prosecution believes they have a reasonable prospect of conviction but is using their discretion to divert me to the Restorative Justice Program.
2. I understand that if I do not complete the Restorative Justice Program, my charge(s) may proceed through the court process.
3. I consent to attend the Restorative Justice Program and to comply with all the terms of the Restorative Justice Program.
4. I understand that any statements made during a circle are confidential and sacred and are not to be used against me in a Court of Law.
5. I understand that in order to participate in the Restorative Justice program I have to take responsibility for my actions.

Accused Signature

Date

If under 18, Parent/Guardian Signature

Date

*Where possible, attach synopsis/crown brief and if applicable, outstanding probation and release orders.