



# Nishnawbe-Aski Legal Services Corporation

## Restorative Justice Pre-Charge Referral

Date of Referral: \_\_\_\_\_

Referral Source (Name & Organization): \_\_\_\_\_

Name of Accused: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Accused Contact Information: \_\_\_\_\_

Charges Being Diverted: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Complainant(s) Name:	Contact Information (or Officer's phone number):	Date of Birth:

### Officer Consent:

I am of the opinion that there are reasonable and probable grounds to charge the accused and I hereby consent to referring the matter to the Pre-Charge Restorative Justice Program. I acknowledge that I have the discretion to proceed with charges if the accused does not successfully complete the Program.

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date

### Accused Consent:

1. I understand that a police officer believes they have the grounds to charge me with a criminal offence 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, the police officer has the discretion to proceed with charging me with a criminal offence.
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