



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:
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Complainant Consent:

Complainant Signature

Date

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