



## Accountability Workshop: A Restorative Approach to Thinking Referral Form

Name: \_\_\_\_\_

Case No.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

\_\_\_\_\_

Ethnicity: \_\_\_\_\_

Phone1: \_\_\_\_\_

Offense Date: \_\_\_\_\_

Phone2: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### Referred By:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### Referral Type:

- DPA
- Court Order
- Sanction
- Consent Decree
- Police Referral
- Other \_\_\_\_\_

Offense/Reason Referred: \_\_\_\_\_

\_\_\_\_\_

**Check if appropriate for Conference consideration.** If the offender is not appropriate for a Victim Offender Conference, please explain why below: \_\_\_\_\_

\_\_\_\_\_

Any Special Consideration: \_\_\_\_\_

\_\_\_\_\_

The cost of the workshop is \$20. Please make check payable to Goodwill Ind./ECCRJP

- Please bring check or cash payment to workshop.
- Please waive payment.

*\*Please return consent for release of information together with this form.*

Restorative Justice Program  
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