



REFERRAL FORM—2018

Restorative Justice of Northwest Wisconsin, Inc.

Name: _____ Home phone: _____

Date of Birth: _____ Age: _____ Alt. phone: _____

Address: _____

Parents/Guardians: _____

Referring Personnel: _____ Agency/School: _____

Phone: _____

Email: _____

Today's Date: _____

Completion Deadline/DPA: _____

PROGRAMS REFERRED TO:

AODA/Underage Drinking—\$50

Underage Drinking/Alcohol related

Other Substance/s

Teen Driving Circles—\$50

Community Service Program—\$100

Hours ordered: _____

Hours allowed _____ in lieu of fees/fines \$ _____

Victim Offender Conferencing

Victim Impact Panel 2018 - \$50

Siren RJ Office Dates:
7726 Rasmussen St, Siren

Jan. 17

March 21

May 16

August 15

November 21

NOTE: Please also complete "Order to Attend" form and fax to our office to register for the session requested.

PARTICIPANT:

1. You have **7 business days** from today's date noted on this form to report to Restorative Justice and enroll in referred program(s).
2. You must complete the program successfully by deadline noted above.
3. Program fee must be paid to Restorative Justice of Northwest WI, Inc. upon enrollment.

REFERRING PERSONNEL:

- Please fax:
1. Referral Form
 2. Copies of supporting documentation (police report, court order, school's disciplinary report, DPA, etc.)

Restorative Justice of Northwest Wisconsin, Inc.
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Phone 715-349-2117 FAX 715-349-5702