



REFERRAL FORM—2019
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

[] Victim Impact Panel 2019 - \$50

Siren RJ Office Dates:
7726 Rasmussen St. Siren, WI
[] January 28, 2019
[] March 13, 2019
[] May 20, 2019
[] August 14, 2019
[] November 18, 2019

[] Community Service Program—\$100

[] Hours ordered: _____
[] Hours allowed _____ in lieu of
fees/fines \$ _____

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.
7726 Rasmussen St, PO Box 510, Siren, WI 54872
Phone 715-349-2117 FAX 715-349-5702