



# Restorative Justice Circle and Conference Referral Form

NVMS Case No. \_\_\_\_\_

School \_\_\_\_\_ Referrer:  Administrator  SRO  Teacher  Other

Referrer's Name/Tel. Number/Email \_\_\_\_\_

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

Date of Incident \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Place of Incident \_\_\_\_\_

### Student

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Parent/Supporter: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone(s): \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

### Student

Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Age/Gender: \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_  
Parent/Supporter: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone(s): \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

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Race/Ethnicity: \_\_\_\_\_  
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\_\_\_\_\_  
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Email: \_\_\_\_\_

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\_\_\_\_\_  
Phone(s): \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_



# Restorative Justice Circle and Conference Referral Form

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

### Student

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ID Number: \_\_\_\_\_

Age/Gender: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

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\_\_\_\_\_

Phone(s): \_\_\_\_\_

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\_\_\_\_\_

Phone(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

# Restorative Justice Circle and Conference Referral Form

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

**Brief description of incident:**

**Disciplinary action taken / Sanctions anticipated:**

**Interpreter or other special needs:**