



Partner Agency Referral Form

Please submit the completed form to the Restorative Services Center. If you would like to discuss an incident or case before completing a referral, or if you need assistance filling out the form, please contact the Restorative Services Center at 715- 425-1100. Forms may be faxed: 715-425-1112 or emailed: center@restorativeservices.org

Participant First Name: _____ **MI** _____ **Last Name:** _____

Mailing Address: _____ Apt. #: _____

City, State & Zip Code: _____

Preferred Phone: _____ Alternative: _____

Date of Birth: _____ Email: _____

**If under 17, parent or guardian signature:* _____

Notes: _____

Referral Agency: _____ **Contact Person** _____

Reason for Referral/Incident: _____ **Deadline:** _____

Referral Services Requested (more than one service may be referred – check all that apply):

____ **Victim Impact Panel – [\$65]** Required to restore driving privileges after OWI.

____ **Traffic Violation – [\$35]** Addresses unsafe driving for teens and young adults for minor citations.

____ **Underage Possession of Tobacco – [\$35]** Addresses occurrence and impact of tobacco use for youth.

____ **Underage Consumption – [\$65]** Addresses choices and potential impact of alcohol consumption.

____ **Controlled Substance and Alcohol – [\$65]** Addresses social, emotional, physical and legal consequences of substance and/or alcohol use; used in conjunction with Victim Impact Panel for AODA referrals. Please specify:

____ Paraphernalia ____ Possession of THC ____ Illegal Obtain of Prescription Drugs ____ Alcohol

____ **Victim Empathy – [\$65]** Based on risk & needs review: up to a 3-part session. Offering a community and victim perspective on crime and conflict with a follow-up session(s) to address harm reduction within the referred incident. Special-topic sessions available for conflict between intimate partners & family members, theft, and multiple OWIs.

****Please submit the law enforcement report from the referred incident for screening.** SCVRS staff will then determine the appropriate Victim Empathy session(s), based on submitted documentation.

____ Other (Please describe your need) _____

Restorative Counseling Options:

____ **Mental Health Evaluation – [\$125]** Court-ordered assessment to determine treatment needs and options utilizing DSM-5 Criteria, conducted by Licensed Therapist. Does not meet requirements of a *psychiatric* evaluation.

____ **Restorative Conferencing – [Fees determined on case-by-case basis]** A facilitated dialog working with groups or between offender and victim (or surrogate, family member, etc.), addressing the issues of crime or conflict and/or post-trauma incidence of suicide, homicide, traffic fatalities, etc.

If you are interested in or require Restorative Justice Conferencing on a specific case or with a group, please contact the Center directly at 715-425-1100.

Referring Signature: _____ Date: _____

Upon successful completion of the referred session(s) Verification of Attendance will be forwarded to the referring party/agency.

