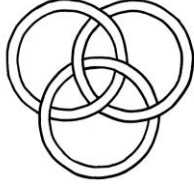


Center for  
Restorative Programs



714 3rd Street ~ P.O. Box 1775

Alamosa, CO 81101

(719) 589-5255

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## Referral Form – Victim-Offender Mediation

(Attach Offense Report or PSI)

Offender: \_\_\_\_\_ Victim: \_\_\_\_\_

Offender: \_\_\_\_\_ Victim: \_\_\_\_\_

Offender: \_\_\_\_\_ Victim: \_\_\_\_\_

Referral Contact: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Referring Agency Case No.&/or Court Case No.: \_\_\_\_\_

Total number of offenders involved \_\_\_\_\_ # Referred to VORP: \_\_\_\_\_

Restitution Status:

Notes:

- To be determined
- Determined, Amount \_\_\_\_\_
- No restitution in this case

Case Status:

Any Prior Offenses?  Yes  No

\_\_\_ Diversion

If yes, please list dates and charges below

\_\_\_ Pre-filing

\_\_\_ Pre-adjudicated

\_\_\_ Pre-sentencing

\_\_\_ Other: \_\_\_\_\_

If court case, next court date: \_\_\_\_\_

**Please attach release of information waiver or, if available, have offender sign below:**

I authorize the release of the offense report/ticket or PSI and our contact information by the referring agency to Center for Restorative Programs to begin this referral process.

Signature \_\_\_\_\_

Date \_\_\_\_\_