

NE JUVENILE RESTORATIVE JUSTICE AND FAMILY INTERVENTION INITIATIVE

CENTRAL MEDIATION CENTER REFERRAL FORM

Please attach any supplemental information you can provide.

Email: twilliams@centralmediationcenter.com

Fax: 308-237-5027

Phone: 308-237-4692 (ex. 14)

Please check all that apply:

☐ VICTIM YOUTH CONFERENCE

☐ FAMILY CONFERENCE

☐ FAMILY GROUP CONFERENCE

☐ EXCESSIVE ABSENTEEISM (Truancy)

Youth FULL NAME: PHYSICAL ADDRESS:	PARENT NAME: PHONE NUMBER: EMAIL ADDRESS:
COUNTY: DATE OF OFFENSE: DATE REFERRAL SENT TO CENTRAL MEDIATION: REQUIREMENTS DUE DATE:	PARENT NAME: PHONE NUMBER: EMAIL ADDRESS:
NAME OF SCHOOL JUVENILE IS ENROLLED: GRADE:	TYPE OF OFFENSE:
Youth DOB (MM/DD/YY): YOUTH RACE:	COMMENTS:
NAME OF REFERRAL SOURCE: ADDRESS: PHONE NUMBER: EMAIL:	NAME OF THE VICTIM: ADDRESS: PHONE NUMBER: EMAIL:

Have you attempted to and/or contacted the victim?

Yes _____ No _____

Does the family have a cultural or language needs that the facilitator should be aware of?

Yes _____ No _____

If yes, please describe: _____

Please provide a brief description of the incident:

RELEASE OF INFORMATION:

The above-named referral source hereby authorizes the release of all information necessary to Central Mediation Center for the sole purpose of coordinating and facilitating this Conference for the above family.

Employee Name

Date

Supervisor Name

Date