



**CONCORD
MEDIATION
CENTER**

problem solving processes for
families and businesses

**RESTORATIVE JUSTICE
VICTIM-YOUTH CONFERENCING (VYC)
REFERRAL FORM**

Also known as victim offender mediation (VOM),
victim offender conferencing (VOC), or
restorative justice dialog (RJD).

Case #:	Case Name:		
Referral Source Contact Person – Case worker/Probation Officer	Referral Source's Address:	Phone:	
	Email:	Fax:	
Supervisor's Name:	Address:	Phone:	
	Email:	Fax:	
Referral Date:	Referral Source: Court Diversion Probation If Probation, did the offender participate in diversion for the same offense? Yes No Other:		

Please provide a brief summary of the date and nature of the incident involved. Please also attach supporting documents reasonably necessary for an understanding of the case, including police reports, victim interviews and court orders.

Youth (offender) Name / Date of Birth:

Parent/Guardian Name(s):

Address:

Address:

Phone:

Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Victim Name / Date of Birth:

Parent/Guardian Name(s) (if applicable)

Address:

Address:

Phone:

Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Victim Name / Date of Birth:

Parent/Guardian Name(s) (if applicable):

Address:

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Mobile
Work
Home

Phone:

Mobile
Work
Home

Email:

Email:

Victim Name / Date of Birth:

Parent/Guardian Name(s) (if applicable):

Address:

Address:

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Home

Phone:

Mobile
Work
Home

Email:

Email:

Do the parties have any cultural or language needs that the mediators should be aware of? Yes No

If yes, please describe:

CONCORD MEDIATION CENTER

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