

JUVENILE VICTIM YOUTH CONFERENCING REFERRAL FORM

Justice Case #: (if applicable)	Referral Entity Name:		
Referral Date:	Contact Name(s):		
Next Court Date: (if Applicable)	Address:		
	Phone:	Email:	
Disposition:	Date:	*Attach Disposition If Applicable.	

Juvenile Name:			
Address:		Date of Birth:	
		Gender:	
		Race:	
Phone:	Email:		
Describe Any Behavioral Issues:			

*If the juvenile committed any offence with another person complete page 3

Parent 1:		Parent 2:	
Address:		Address:	
Parent 1 Phone:	Email:		
Parent 2 Phone:	Email:		
If applicable, which parent do you recommend we contact first?			

Statutory Offense:		Date of Offense:	County of Offense:
Victim Name:			Date of Birth:
			If Minor Complete page 2
Address:		Victim Has Been Contacted By Your Agency:	
		Restitution Paperwork Filed With The Court:	
Phone:	Email:		

*For Additional Statutory Offenses Or Additional Victims (Including The Parents Of Minor Victims) Complete Page 2

**PLEASE ATTACH SUPPLEMENTAL INFORMATION IF APPLICABLE
FAX OR EMAIL THIS FORM AND ANY ATTACHMENTS TO
THE MEDIATION CENTER AT 402-441-5749 or info@themediationcenter.org**



Additional Offense or Victims

Statutory Offense:		Date of Offense:	County of Offense:
Victim Name:			Date of Birth:
Address:		Victim Has Been Contacted By Your Agency: Restitution Paperwork Filed With The Court:	
Phone:	Email:		

Statutory Offense:		Date of Offense:	County of Offense:
Victim Name:			Date of Birth:
Address:		Victim Has Been Contacted By Your Agency: Restitution Paperwork Filed With The Court:	
Phone:	Email:		

Statutory Offense:		Date of Offense:	County of Offense:
Victim Name:			Date of Birth:
Address:		Victim Has Been Contacted By Your Agency: Restitution Paperwork Filed With The Court:	
Phone:	Email:		

Statutory Offense:		Date of Offense:	County of Offense:
Victim Name:			Date of Birth:
Address:		Victim Has Been Contacted By Your Agency: Restitution Paperwork Filed With The Court:	
Phone:	Email:		



Additional Offenders

Important: Complete a separate referral for each juvenile if his or her participation in VOC is part of a program requirement or court order.

1.) Name/Date of Birth:	Primary Contact/Parent/Guardian:
Address:	Address same
Phone:	Phone:
Description of involvement:	

2.) Name/Date of Birth:	Primary Contact/Parent/Guardian:
Address:	Address same
Phone:	Phone:
Description of involvement:	

3.) Name/Date of Birth:	Primary Contact/Parent/Guardian:
Address:	Address same
Phone:	Phone:
Description of involvement:	

4.) Name/Date of Birth:	Primary Contact/Parent/Guardian:
Address:	Address same
Phone:	Phone:
Description of involvement:	

