



120 South 5<sup>th</sup> Street • Beatrice, NE 68310  
Phone: 402.223.6061  
Email: [info@theresolutioncenter.org](mailto:info@theresolutioncenter.org)  
[www.theresolutioncenter.org](http://www.theresolutioncenter.org)

## RESTORATIVE JUSTICE DIALOGUE REFERRAL FORM

Justice Case #: (if applicable)	Referring Entity Name:
Referral Date:	Referral's Contact Name:
Next Court Date: (if Applicable)	Address:
	Phone:                      Email:
Sentence/Disposition*:  Date *Attach if applicable.	Referral Source Type: <input type="checkbox"/> Juv. Probation <input type="checkbox"/> Adult Probation <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Diversion Program <input type="checkbox"/> City Attorney <input type="checkbox"/> County Attorney <input type="checkbox"/> Public Defender <input type="checkbox"/> Court: County <input type="checkbox"/> Court: District <input type="checkbox"/> Court: Juvenile <input type="checkbox"/> Other

Brief summary of the case/incident

*Attach police report, if available.*

Date(s) of incident(s):

Location of incident(s): (County)

What happened?

Who was involved? (List names here and provide contact information below):

**Please email this form, along with police reports, court orders, and/or supplemental information, to [info@theresolutioncenter.org](mailto:info@theresolutioncenter.org).**



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### Contact Information

Name:	
Email address:	Date of Birth:
Phone:	Sex:
Address:	Race/Ethnicity:
Has this person been contacted by your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language:
Role in the incident/relationship to individuals involved:	
Additional Notes and Issues (behavior, substance abuse, mental health):	

Name:	
Email address:	Date of Birth:
Phone:	Sex:
Address:	Race/Ethnicity:
Has this person been contacted by your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language:
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