



Restorative Justice Referral Form

Please complete this form with as much information as possible.

Please note we cannot accept offender initiated referrals for incidents of Domestic Abuse / Domestic Violence

Referrer Details

Name		Referring Agency	
Phone & e-mail			
Role in Case / Position Held			
Date form completed		Date sent to Police RJ Hub	

Victim / Harmed Party Details

Name		Date of Birth	
Address			
Gender			
Phone / e-mail			
Preferred Contact Method			
RJ consent Form signed	YES / NO		

Is the harmed person currently vulnerable? Tick all categories that apply and enter details below.

(Double click on the appropriate grey box/es and select 'checked')			<input type="checkbox"/>	Age	
<input type="checkbox"/>	Alcohol Habit	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Health	<input type="checkbox"/>	Race / Ethnicity / Religion
<input type="checkbox"/>	Drug Habit	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>	Relationship Problems
<input type="checkbox"/>	Financial Difficulty	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Other

Details:

Please give details of any services the harmed person is engaged with if known (including Case Workers). (e.g. Social Services, Victim Support, CRI etc.)



Additional Victim Details Form

Enter additional Victim / Harmed Party details on separate form here:

Details of the Offence for which the referral is being made

Master Crime Number		URN	
Type of Offence		Offence Date	
Location of Offence(s)			

Please enter brief details of the offence (e.g. degree of injuries, value & extent of any damage, goods stolen, aggravating factors etc.)



Offender / Wrongdoer Details

Name		Date of Birth	
Address			
Gender		Prison Number	
Phone / e-mail			
Preferred Contact Method			
RJ Consent Form signed	YES / NO		

If not yet sentenced - Next court date

OR

Date sentenced	
Sentence Details & Length Include orders prohibiting contact with victims/witnesses	
Earliest Release Date If applicable / known	
Offender Manager	

Is the wrongdoer currently vulnerable? Tick all categories that apply and enter details below.

(Double click on the appropriate grey box/es and select 'checked')			<input type="checkbox"/>	Age	
<input type="checkbox"/>	Alcohol Habit	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Health	<input type="checkbox"/>	Race / Ethnicity / Religion
<input type="checkbox"/>	Drug Habit	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>	Relationship Problems
<input type="checkbox"/>	Financial Difficulty	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Other

Details:

Please give details of any services the offender is currently engaged with (including Case Workers) or Rehabilitation Courses complete where known (e.g. Offender Supervisor, Sussex Pathways, STAR / DART, completed Sycamore Tree Course etc.)



Additional Offender details form

Enter additional Offender / Wrongdoer details on separate form here:

Reason for Referral

With as much detail as possible, please explain why you are making this referral.
(e.g. how did they hear about RJ, why pursue RJ with this particular crime (if involved in more than one), what do they want from RJ etc..)

Please email this referral with a signed consent form to the RJ Hub for **where the offence took place;**

West Sussex: CR_West@sussex.pnn.police.uk
East Sussex: CR_East@sussex.pnn.police.uk
Brighton & Hove: Brighton_CR@sussex.pnn.police.uk