



Conflict Resolution Center Of Montgomery County, Inc.

Youth Restorative Justice Initiative

Community Conferencing Referral Form

School: _____

Name/ title of person making referral: _____ Phone/Contact info: _____

Date of Referral: _____ Date of Incident: _____

Place of Incident: _____

Type of Incident: _____

Is this Community Conference being considered in lieu of suspension/expulsion? _____

Parties involved (indicate "O" offender; "V" victim for each, only if relevant):

#1: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

#2: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

#3: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

#4: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____



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#5: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

#7: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

#6: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

#8: Name/Grade: _____

Parent: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Email: _____

Have all parties agreed to be contacted about a community conference? Yes ___ No ___

Comments: (Brief description of incident, interpreter needed?, action taken thus-far, etc.)