



RESTORATIVE JUSTICE SOCIETY
NORTH OKANAGAN

RCMP - Referral (Adult) Package

Armstrong ___ Coldstream ___ Enderby ___ Lumby ___ Falkland ___ Spallumcheen ___ Vernon ___

RCMP REFERRAL

Member _____ Watch/Unit _____

Member's Email _____@rcmp-grc.gc.ca RCMP File # _____

PERSON WHO CAUSED HARM (PWCH)

Surname _____ G1 _____ G2 _____

DOB _____ Age _____ Gender F ___ M ___

Address _____, BC _____
Postal Code

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

SUPPORTER OF PWCH

Surname _____ G1 _____ G2 _____

Contact Information _____

PERSON HARMED (PH)

Surname _____ G1 _____ G2 _____

DOB _____ Age _____ Gender F ___ M ___

Address _____, BC _____
Postal Code

Home Phone _____ Work Phone _____ Cell Phone _____

GUARDIAN and/or SUPPORTER OF PH

Surname _____ G1 _____ G2 _____

Address _____, BC _____
Postal Code

Home Phone _____ Work Phone _____ Cell Phone _____

Member's Initials _____

BUSINESS HARMED

Business Name _____

Business Address _____, BC _____
Postal Code

Store Representative Given and Surname _____

Business Owner Given and Surname _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

BACKGROUND CHECKS ON PWCH

CPIC _____ Criminal Record Yes _____ No _____ FPS # _____

PRIME _____ PIRS _____: ED1 & ED2 Motor Vehicle Branch _____

INCIDENT

Date _____ Time _____ Location _____

Brief Details

Date _____

Member's Signature _____

Supervisor's Name PRINTED

Supervisor's Signature

Our vision is to build safer and healthier communities through restorative justice principles and practices.

**WILLING TO PARTICIPATE and
RELEASE OF INFORMATION
for PERSON WHO CAUSED HARM**

TO THE PERSON WHO CAUSED HARM

Given and Surname of PWCH

It is alleged that you have committed the following offence: _____

Contrary to section _____ of the _____

RCMP REFERRAL CRITERIA

- √ The incident occurred in the Vernon/North Okanagan RCMP Detachment Area.
- √ Community safety is not threatened by referring the PWCH to restorative justice.
- √ “Chargeable” incident and with NO PREVIOUS CHARGES.
- √ PWCH admits responsibility for actions and has a positive and cooperative attitude.
- √ Supporter(s) of the PWCH have a positive and cooperative attitude.
- √ Right to legal advice is explained to the PWCH.
- √ WILLING TO PARTICIPATE and RELEASE OF INFORMATION is signed at the bottom of this page.

WHAT WILL HAPPEN AT THE CONFERENCE?

GOALS of Restorative Justice are to repair harm, prevent future harm and to rebuild relationships.

- √ Restorative Justice Team hosts a **Conference** to discuss the following: 1) What happened? 2) How was each person affected? 3) What can be done to repair the harm?
- √ People attending include: 1) PWCH with Supporter(s); 2) PH with their Guardian(s)/Supporter(s); 3) Restorative Justice Team and 4) Others may attend depending on their involvement.
- √ A Disposition Agreement is written and signed that outlines a list of activities to be fulfilled by the PWCH.
- √ A Mentor will monitor and assist the PWCH in completing the Disposition Agreement.

IMPORTANT INFORMATION:

- 1 **Participation is voluntary for both the PWCH and PH:**
An alternative is that charges may be laid. You may seek legal advice before deciding.
- 2 **Section 717(3) of the Criminal Code of Canada states:**
"No admission, confession or statement accepting responsibility for a given act or omission made by a person alleged to have committed an offence as a condition of the person being dealt with by alternative measures is admissible in evidence against that person in civil or criminal proceedings."
- 3 **At any time before signing the Disposition Agreement the PWCH and/or PH may withdraw from restorative justice.** A withdrawn referral is then returned to the RCMP for further consideration.
- 4 **PWCH and Supporter(s) may have a lawyer present; as an observer only.**

WILLING TO PARTICIPATE and RELEASE OF INFORMATION - I, _____

Given and Surname of PWCH

agrees to have this referral forwarded to and understand fully that the Restorative Justice Society - North Okanagan makes the final decision about accepting this referral.

Date _____

Signature of Person Who Caused Harm

**WILLING TO PARTICIPATE and
RELEASE OF INFORMATION for PERSON HARMED**

TO THE PERSON HARMED

 Given and Surname of PH

the Person Who Caused Harm (PWCH) _____ is
Given and Surname of PWCH

seeking an alternative measure and is being referred to Restorative Justice Society - North Okanagan with the understanding that the Restorative Justice Society - North Okanagan makes the final decision to accept this referral. The PWCH meets the RCMP Criteria (see below) and understands the process is voluntary.

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WILLING TO PARTICIPATE and RELEASE OF INFORMATION - I, _____
Given and Surname of PH

agree to have this referral forwarded to and understand fully that the Restorative Justice Society - North Okanagan makes the final decision about accepting this referral.

Signature of Person Harmed

Signature of Guardian of PH

Date _____

Date _____