



RESTORATIVE JUSTICE SOCIETY  
NORTH OKANAGAN

RCMP - Referral (Youth) 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 \_\_\_\_\_

**GUARDIAN OF PWCH**  
Surname \_\_\_\_\_ G1 \_\_\_\_\_ G2 \_\_\_\_\_  
Address \_\_\_\_\_, BC \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

**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

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Date \_\_\_\_\_

Member's Signature \_\_\_\_\_

Supervisor's Name PRINTED \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

**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 10(4) of the Youth Criminal Justice Act states:**  
"Any admission, confession or statement accepting responsibility for a given act or omission that is made by a young person as a condition of being dealt with by extrajudicial measures is inadmissible in evidence against any young 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 Guardian(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.**

\_\_\_\_\_  
Signature of Guardian of PWCH

\_\_\_\_\_  
Signature of Person Who Caused Harm

Date \_\_\_\_\_

Date \_\_\_\_\_

**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 \_\_\_\_\_