Please note – When making a restorative justice referral it is important to only offer a conversation with the restorative justice facilitators regarding whether restorative justice could be helpful and appropriate. This helps us to manage expectations as we will not know if a case can go ahead without speaking to both parties and all professionals involved. Risk assessments are continuous to ensure the safety of all participants; the process can be stopped, or the type of contact between parties changed, at any given time.

Once we have received your referral, provided we have enough information, we will aim to contact the referee within the next two working days to arrange the initial meeting.

**Beacon will only accept harmed-initiated referrals for sensitive and complex cases**. These include any cases where there has been a death, domestic abuse, sexual violence, and stalking cases. For all other cases we will accept both harmed and harmer-initiated referrals.

We can only accept referrals where either the harmed or harmer resides in Hertfordshire.

Please include all information requested where possible, however, if you do not have details for the other party, we should be able to find this information ourselves.

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| **Part 1: Harm/ Crime details**  |
| Harm/ Offence |  | Date of incident |  |
| Crime ref & Brief details of what happened |  |
| Outcome details (Sentence, out of court disposal, no action?) |  |
| Are there any court orders in place that prevent contact between the harmed and harmer? |  |

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| **Part 2: Referrers Details**  |
| Name and role of referrer |  |
| Name of agency  |  | Date of referral |  |
| Contact number |  | Email |  |

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| **Part 3: Harmed persons details**  |
| First Name |  | Surname |  |
| Contact number |  | Email  |  |
| Address  |  | DOB |  |
| Language  |  | Disabilities or additional vulnerabilities?  |  |
| Gender |  | Religion |  |
| Best time to contact or any times to avoid?Is it ok to leave VMs/Texts? |  |
| Has harmed consented to sharing their details and having Beacon contact them? |  |
| Support agencies involved |  |
| Why is harmed interested in Restorative Justice? |  |
| Any support that has been accessed previously  |  |
| Any known risks? |  |
| Any other relevant information? |  |

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| **Part 4: Harmer persons details**  |
| First Name |  | Surname |  |
| Contact number |  | Email  |  |
| Address  |  | DOB |  |
| Language  |  | Disabilities or additional vulnerabilities?  |  |
| Gender |  | Religion |  |
| Has harmer given consented to sharing their details and having contact from Beacon? |  |
| Prison offender manager details (if applicable  |  |
| Community offender manager details (if applicable) |  |
| Why is harmer interested in Restorative Justice? |  |
| Any known risks? |  |
| Any other relevant information? (e.g, sentencing dates, guilty or not guilty plea) |  |