

Granville County Restorative Circles

125 Oxford Outer Loop Rd. Oxford, NC 27565

Phone: 919-603-1350 or 919-607-2008

Fax: 919-603-0268 or Email to: tpjones3@ncsu.edu

Tiana Jones
Program Coordinator

Referral Information

Agency Case # _____

Date: _____

Restorative Circle Case # _____

Youth (Full Name): _____
Last Name First Name M.I.

School: _____ Grade: _____ Age: _____ DOB: _____ M F Ethnicity: _____

Juvenile Offense(s) Please include statute: _____

Date of Offense: _____ Location of Offense: _____

Problems in previous 12 months (#) _____ Court referrals _____ Runaway _____ Short-term suspensions _____

Parent/Guardian has been contacted: Yes No Translation Needed? Yes No Language: _____

Parent/Guardian Information

Lives with: Mother Father Both Guardian: _____

Father: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Mother: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Referring Agent Statement

- Is the juvenile admitting responsibility? Yes No
- Is the parent or guardian agreeing to a Restorative Circles referral? Yes No
- If it was a school-related incident, how many days of suspension did the juvenile receive? Yes No _____
- If the incident is a fight, has the juvenile been in a fight before? Yes No

I understand that this is a diversion program and that the youth will be assigned a reasonable and appropriate consequence for his/her action(s). I have explained the program to the youth and his/her family.

Signed Printed Name Agency

Contact Phone Number Email Address

Parent/Child Statement

I acknowledge that the Granville County Restorative Circles program has been explained to and that my case is being referred to Restorative Circles. I am admitting responsibility in order to participate in the program. I accept the referral being made to the Restorative Circles Program. I understand that Granville County Restorative Circles is an alternative to traditional court. I understand that I have the right to remain silent and to refrain from making any statement about this offense. I choose to waive my right to remain silent, I take responsibility for the charge(s) against me and I agree to participate in the Granville County Restorative Circles program. Should I fail to complete the process, my case will be returned to the referring agent or to court for entry of judgment. Additionally, I authorize Granville County Public Schools to release school report cards and suspension/cumulative folder information for my child _____ to NC Cooperative Extension, Granville County Restorative Circles for the purpose of measuring youth school performance prior to and upon completion of the program. Granville County Public Schools will provide three grade reports and suspension reports for the end of year and midyear, (the time closest to the actual referral, the next report in sequence and a third report in sequence. Also, if new charges are filed against me I may be terminated from the program regardless of the court outcome.

Youth Signature Date

Parent Signature Date

Over →

Problem Behaviors/Risk Indicators

- | | | |
|--|---|---|
| <input type="checkbox"/> Bullying Behavior | <input type="checkbox"/> Substance Use (alcohol or drugs) | <input type="checkbox"/> Behavior Problems: Disruptive in Class/Referrals to Office/Suspensions |
| <input type="checkbox"/> Negative Labeling/Bullied | <input type="checkbox"/> Suicide Attempts | <input type="checkbox"/> Truancy/Skipping School |
| <input type="checkbox"/> Crime/Delinquency | <input type="checkbox"/> Suicidal Ideation/Threats | <input type="checkbox"/> Gang Associate or Member; Gang Involvement |
| <input type="checkbox"/> Fighting/Assault/Aggressive Behavior | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Negative Peer Associations/Association with Aggressive Peers |
| <input type="checkbox"/> Impulsive/Risk Taking | <input type="checkbox"/> Lack of Discipline by Parent or Child is Ungovernable | <input type="checkbox"/> Typically Associates with Negative Older Persons |
| <input type="checkbox"/> Mental Health Issues/Depression/Anxiety/Temper Tantrums | <input type="checkbox"/> Siblings or Parent/Guardian on Probation or Incarcerated | <input type="checkbox"/> Availability or Perceived Access to Drugs |
| <input type="checkbox"/> Poor Social Skills/Anti-Social | <input type="checkbox"/> Academic Failure/Behind Grade Level for Age | |
| <input type="checkbox"/> Run Away from Home | | |
| <input type="checkbox"/> Self-Mutilation | | |

Incident Information

Please complete a detailed description of the incident or attach a clear copy of the report.

Description of Incident:

Address of Occurrence: _____

Companion(s) Involved: _____

Victim Information (if applicable):

Name: _____

Address: _____

Phone: _____ Loss Sustained: Yes No Amount: \$ _____

Referring Agent:

Comments:

Recommendations:
