



Community Self-Referral Request for Restorative Resolutions Services

I am: Under 18 years old Over 18 years old

Surname: _____ First Name: _____

Address: _____

Telephone #: _____ Cell #: _____

Parent/Guardian Information if Person is under 18 years of age:

Surname: _____ First Name: _____

Address: _____

Telephone #: _____ Cell #: _____

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Have the other individuals been contacted: Yes No

If so, when was contact made: _____

What was the result (i.e. are they willing to participate in a restorative resolution process?)

Please provide a summary of the issue and/or incident which you would like to resolve through a restorative resolutions process:

Additional Comments (i.e. List people involved. Is this a reoccurring issue? What steps have been taken in the past to resolve this issue?):

I voluntarily agree to be contacted by Mission Restorative Resolutions for the purpose of participating in a process to resolve this conflict and/or incident and to address any harm that has been caused.

The referred person if aged 19 or over, or the referred person’s parent or guardian if the referred person is under the age of 19 years, hereby covenants and agrees with Mission to indemnify and save harmless Mission from and against any and all manner of liability, actions, causes of action, prosecutions, claims, fines, demands, damages, losses, costs or expenses for property damage, personal injury including death in any way occurring, or for breach of any bylaw, statute, regulation, and by whomsoever made, brought or prosecuted, which Mission may sustain or be put to, in any manner based upon, occasioned by, or attributable to the execution of this Agreement.

Agreement to Participate in a Restorative Resolution Process

I understand and agree:

- To use respectful communication during the restorative resolution process
- The proceedings of this restorative resolution process are confidential
- The community facilitators are neutral and cannot give legal advice to any party
- Each person will disclose all information which may be useful in reaching an agreement to resolve the conflict and/or repair the harm done; with respect to the incident which has resulted in this restorative process.

Signature: _____ **Date:** _____

Parent/Guardian Full Name Signature of parent/guardian if person is under 19 years
(only one signature of Parent/Guardian is required)

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<p>Mission Restorative Resolutions Contact Information: Phone 604-820-3755 SecureFax: 604-820-3329 Email: mrr@mission.ca</p> <p>Completed forms may be delivered in person to our office at 32921 Dewdney Trunk Road, by mail to 8645 Stave Lake Street, Box 20, Mission, BC V2V 4L9 (please mark “MRR Manager” on envelope) or faxed to 604-820-3329</p>
