

RCMP Authorization For Referral to Restorative Resolutions

RCMP File #: _____ Investigating Officer: _____

Offence/Incident: _____

Date of Incident: _____ WATCH: _____

If the person being referred is between the ages of 12 and 17, this is an extrajudicial measures referral under the Youth Criminal Justice Act subsection 6(1).

PERSON BEING REFERRED: Youth Adult

Surname: _____ G1: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Telephone #: _____ Cell:# _____

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

Surname: _____ G1: _____

Relationship: Mother / Father / Other _____

Address: _____

Home Telephone: _____ Business Telephone: _____ Cell: _____

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

Surname: _____ G1: _____

Relationship: Mother / Father / Other _____

Address: _____

Home Telephone: _____ Business Telephone: _____ Cell: _____

Consent for Release of Information

Person Being Referred: I, _____ **hereby authorize the Mission RCMP to release information to an authorized representative of Restorative Resolutions. I understand that this information will be used by Restorative Resolutions to contact me to provide a facilitated restorative resolution process to resolve the offence/incident resulting in this referral. I understand and agree:**

- That I am responsible for the following offenses or incidents:

- That I will attend and participate fully in the restorative process.

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, emends, 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.

Signature: _____ **DOB (day/month/year)** _____

Signature of parent/guardian if person is under 19 years:

Parent/Guardian Full Name	Signature
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Member's Signature	Please PRINT NCO/Watch Commander Name
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Today's Date	NCO/Watch Commander Signature
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MRR Contact Information:
 Phone 604-820-3755 Fax: 604-820-3329 Email: mrr@mission.ca
DISTRIBUTION PROCESS: 1. Original to RCMP File 2. Copy to MRR Staff