Restorative Justice - Enquiry

If you are a victim/survivor of crime and are interested in speaking with us about Restorative Justice, please complete this form and post or email it to us. We will contact you after we receive your enquiry.

 Date:

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| --- |
| Your Details:  |
| First name/s: |        | Surname:       |
| Phone number: |       |
| E-mail address: |       |
| Current Address: |       |
|       |

|  |  |  |
| --- | --- | --- |
| Are you of Aboriginal or Torres Strait Islander origin? | [ ]  No[ ]  Prefer not to say | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander |

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| The Offence: |
| Type of offence: |       |
| Offender’s first name:  |       | Surname:       |
| Offender’s MIN No. (if known): |       | Offender’s Date of Birth (if known): |       |
| Has the offender been sentenced? | [ ]  Yes [ ]  No  | Is there an active AVO - Type 2? |  | [ ]  Yes[ ]  No  |

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| Arranging Contact: |
| A Restorative Justice facilitator can contact me by: | [ ]  Phone (please answer the questions below)[ ]  Email[ ]  Post |
| The best time of day to phone me:  |  |
| RJ can leave a voicemail: Do not call me on these day(s):  | [ ]  No [ ]  Yes      |
| I will need a translator to speak with you on the phone: | [ ]  No [ ]  Yes, my language is        |
| I will need assistance to speak on the phone (please give details): |        |

*If you have filled out this form on behalf of the victim/survivor, please complete the following:*

|  |
| --- |
| Representative’s Details |
| First name/s: |        | Surname:       |
| Phone number: |       |
| E-mail address: |       |
| Relationship: |       |
| Organisation: |       |

**END OF FORM**