



Nebraska Mediation Center Juvenile Restorative Justice Referral Form

Justice Case #: (if applicable)	Referral Entity Name:
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Referral Date:	Referral Contact Name:
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Next Court Date: (if applicable)	Street Address:
	City, ST Zip:

Disposition:	Phone:
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Date:	Email:
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Attach or Upload Disposition (if applicable)

Youth's Name:

Date of Birth:	Street Address:
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Gender:	City, ST Zip:
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Race:	Phone:
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Ethnicity (if known):	Email:
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Parent/Guardian 1:

Street Address:

City, ST Zip:

Phone:

Email:

Parent/Guardian 2:

Street Address:

City, ST Zip:

Phone:

Email:

Interpreter Needed? Yes	No	If YES, please explain:
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Offense:

Date of Offense:	County of Offense:
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Describe any behavioral issues:

Additional notes regarding NMC service requested:

Were others were involved in committing the Offense? Yes	No	If Yes, please complete Page 3
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**Continue to Page 2 to complete the sections related to your specific
Juvenile Restorative Justice Referral**

Please submit completed form and any attachments to Nebraska Mediation Center

Upload: <https://nebraskamediationcenter.com>

Email: forms@nebraskamediationcenter.com

Please complete the following sections as they relate to the specific Juvenile Restorative Justice Referral

Section: Mediation for Excessive Absenteeism/Truancy

School Youth Attends:
Grade Level:
IEP: Learning Behavioral N/A
School representative who should participate:
Additional Notes:

Section: Mediation for Juvenile Family Conference or an Expedited FGC

School Youth Attends:
Grade Level:
Youth's Placement: In Home Out of Home (please describe):
Any additional family members who should participate:
Additional Notes:

Section: Victim Youth Conferencing

Primary Victim	
	Street Address:
	City, ST Zip:
	Phone:
	Email:
Primary Contact/Parent/Guardian:	
<i>(complete if Primary Victim is a Youth)</i>	
	Street Address:
	City, ST Zip:
	Phone:
	Email:

Victim was contacted by your agency:	Yes	No
Restitution paperwork was filed:	Yes	No

Were others involved in or impacted by the offense?	Yes	No	<i>If Yes, please complete Page 3.</i>
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Please complete for others involved or impacted by the offense.

Additional:	Person who was Harmed	Youth who caused Harm
Name:		Contact/Parent/Guardian (if applicable):
Address:		Address (if different):
Phone:		Phone:
Email:		Email:
Notes:		

Additional:	Person who was Harmed	Youth who caused Harm
Name:		Contact/Parent/Guardian (if applicable):
Address:		Address (if different):
Phone:		Phone:
Email:		Email:
Notes:		

Additional:	Person who was Harmed	Youth who caused Harm
Name:		Contact/Parent/Guardian (if applicable):
Address:		Address (if different):
Phone:		Phone:
Email:		Email:
Notes:		

Additional:	Person who was Harmed	Youth who caused Harm
Name:		Contact/Parent/Guardian (if applicable):
Address:		Address (if different):
Phone:		Phone:
Email:		Email:
Notes:		

Additional:	Person who was Harmed	Youth who caused Harm
Name:		Contact/Parent/Guardian (if applicable):
Address:		Address (if different):
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Email:		Email:
Notes:		

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