



**RESTORATIVE JUSTICE WINONA COUNTY
REFERRAL FORM
FAX # 454-9391**

DATE:

REFERRAL SOURCE:

Name/Agency:

Contact Info:

REASON FOR REFERRAL:

Conflict Resolution

Community Group Conference

Mentoring

Other Circle – Please Specify:

CLIENT INFORMATION

Name:

DOB/Age:

Address:

Parent/Guardian:

Phone:

Phone:

MENTAL HEALTH CONCERNS:

PLACEMENT HISTORY

Current Placement:

Release Date:

Previous Placements:

