

Center for Community Peacemaking - REFERRAL FORM
Victim-Offender Conferencing

VOC # _____

Date Rec'd: _____

Case Information

Referred by:

53 N. Duke Street- Room 303- Lancaster, PA 17602
phone: 717-397-2404 email: casemanager@ccp.org fax: 717-397-5502

JPP Informal
 Formal
 Consent Decree APPS YAP Other _____

Case/Client# _____

Referred By _____ Contact Person _____ Phone _____ Email _____

Date of Offense _____ Prob- BegDate _____ EndDate _____ Date Refrd to CCP _____

Offense Information

Charge _____

Consequences Assigned _____

Offender Information

Name _____ Phone _____ Birthdate _____ M/F _____ Ethnicity _____

Full Address _____

Indicate below if any family members have special language needs

Parent/Guardian

Female Name _____ Relationship _____

Male Name _____ Relationship _____

Co-participants Information

Will a referral be made:

Name _____ Explanation _____

Name _____ Explanation _____

Name _____ Explanation _____

Name _____ Explanation _____

Brief Description of Offense

Victim Information

Name _____ Phone _____ Is victim a minor _____

If minor, birthdate _____ Parents' Names _____

Full Address _____

VIS/RCF Available _____ Please attach or forward when received Restitution- Estm\$ _____ Court Ordrd\$ _____

More than one victim? _____ List above information for each victim on back of sheet.

Thank you for Partnering with CCP Date: Case sent to Facilitator _____