



(Thank you for partnering with Advoz.)

Advoz Mediation and Restorative Practices
53 N. Duke Street - Room 303 - Lancaster, PA 17602
Phone: 397-2404 Fax: 397-5502 restorativejustice@advoz.org

[For Office Use]

Date Rec'd _____

MPeace # _____

AGENCY REFERRAL INFORMATION

A. MDJ _____ District # _____ Docket # _____ Phone # _____

 Contact _____ Fax # _____ Email _____

B. YAP _____ Contact _____ Phone # _____ Case # _____

 Which YAP? _____ Email _____ Image Field _____ Fax # _____

C. Other _____ Contact _____ Phone # _____ Case # _____

 Agency Name _____ Email _____ Fax # _____

OFFENSE INFORMATION

Charge _____ Probation Ending Period _____

 Brief Description of Offense (include name of other party if a fight) _____

 Consequences Assigned _____

FAMILY INFORMATION

Youth Name _____ Phone # _____ Date of Birth _____ M/F _____ Ethnicity _____

 Address _____ ZIP _____

Parent/Guardian Please indicate below whether any family members have special language needs:

Female Name _____ Relationship _____

 Male Name _____ Relationship _____

 Cell Phone #s: Youth _____ Mother _____ Father _____ Guardian _____

SUPPLEMENTAL INFORMATION

Please check here if you are certifying that this youth is suited to be in a class with others who are being referred to the "Making Peace" program and, to your knowledge, does not have any mental/emotional needs that should be addressed in another venue.

Note to Referring Agency: Please email, fax, or mail this Referral Form to Advoz.

***** **ADVOZ OFFICE USE** *****

Class Date _____ Letter Sent _____ Letter Rec'd _____ Payment Rec'd _____ Attend Confirmed _____

Parent/Guardian Attending _____