

Center for Restorative Programs



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Referral Form – Victim-Offender Mediation (Attach Offense Report or PSI)

Offender: _____ Victim: _____

Offender: _____ Victim: _____

Offender: _____ Victim: _____

Referral Contact: _____ Referral Date: _____

Referring Agency Case No.&/or Court Case No.: _____

Your Filing or Enrollment Date: _____ Your Projected Case Closing:

Total number of offenders involved _____ # Referred to VORP: _____

Restitution Status: _____ Notes: _____

- To be determined
- Determined, Amount _____
- No restitution in this case

Case Status:

- ___ Diversion
- ___ Pre-filing
- ___ Pre-adjudicated
- ___ Pre-sentencing
- ___ Other: _____

Any Prior Offenses? Yes No

If yes, please list dates and charges below

If court case, next court date: _____

Please attach release of information waiver or, if available, have offender sign below

I authorize the release of pertinent case reports, including prior and current offense reports, to the SLV Victim Offender Reconciliation Program. Reports on my involvement with the VORP program may also be returned to the referring agency.

_____ signature _____ date

Place in VORP mail slot (Alice Price) at Alamosa Courthouse or mail to P.O. Box above