



New South Wales Government
RESTORATIVE JUSTICE UNIT
REFERRAL FORM

Restorative Justice Unit
Tel No. (02) 8346 1054
Fax No. (02) 8346 1141
E-mail: restorative.justice@dcs.nsw.gov.au

Please attach the Sentencing Remarks & Police Facts & Witness Statements/Depositions & Agreed Facts, if available.
For enquiries, please use the phone number provided.

Address:
GPO Box 31
Sydney NSW 2001

REFERRAL DETAILS:

REFERRAL DATE: ____ / ____ / ____
Name: _____
Position: _____
Relationship to
Victim/Offender: _____
Contact No. _____ Fax No. _____

Office Use Only
File Ref: _____
Year: _____
Officer: _____
Case No. _____

OFFENDER DETAILS:

NAME: _____ MIN No. _____
Location: _____ Classification: _____
Address: _____
Tel No. _____ Postcode: _____
D.O.B. _____

OFFENCE DETAILS:

Offence: _____
Brief Details (Please attach the Sentencing Remarks & Police Facts & Witness Statements/Depositions & Agreed Facts, if available): _____
Sentence Details: _____
Parole Hearing / Supervision Expiry Date: _____

VICTIM(S) DETAILS:

NAME: _____
Address _____
Tel No.: _____

NAME: _____
Address _____
Tel No.: _____

NAME: _____
Address _____
Tel No.: _____

NAME: _____
Address _____
Tel No.: _____

NAME: _____
Address _____

Tel No.: _____

NAME: _____
Address _____

Tel No.: _____

COMMENTS: