|  |
| --- |
|  THAMES VALLEY RESTORATIVE JUSTICE  REFERRAL FORM |
| PRISONER DETAILS |
| Date of referral: |  |  |  |
| Name of prisoner | **\*Please place a hold on the prisoner\*** | Case No:(admin) |  |
| Prison name: |  | Probation UCRN: |  |
| Home Address: |  | Prisoner number: |  |
| Wing location: |  |
| Prison tel number: |  |
| Ethnic background |  |  |  |
| D.O.B/Age: |  |  |
| Full list of Offence(s) |  |
| **Are there any restrictive conditions in place? Yes/No** | **If yes- please add details**:  |
| Plea (circle): | Guilty/Now accepts responsibility/Not guilty |
| Location of offence(s): |  | Date of offence(s): |  |
| Brief details of offence(s): | (include any information about use of weapon or violence and any encounter between the victim and offender at the time of the offence) |
| Sentence | Adult / YOI Custodial | Length: |  |
| Sentenced on: |  | Sentencing Court:  |  |
| Offender supervisor and direct line number: |  | Release/CRD/NPD: |  |
| Offender Manager: |  | HDCED: |  |
| OM Address:OM contact number: |  | PED: |  |
| Co-Defendants: |  |
| Any other relevant information: |
| PSR / Precons / CPS papers **:** All Attached / some attached/ none available |
| **Eligibility checklist** – please tick each statement if it applies* Pleaded guilty (was not convicted following trial)/ now accepting responsibility
* Not a sexual offence
* Not an offence involving domestic abuse
* There is an identifiable victim who has suffered personal harm
* Likely to remain in this prison for 4+ months

**This form should be sent to rj.enquiries@tvrjs.cjsm.net along with any CPS, PSR, Precons, copy of Restrictive Orders (if applicable)- if you have them.** |