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| 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.** | | | | | | | |