



NATIONAL YOUTH ADVOCATE PROGRAM  
*Caring for People - Connecting Communities - Promoting Peace*

## Juvenile Victim-Offender Mediation

### Referral Form

#### Referral Source

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

County: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral \_\_\_\_\_

#### Juvenile Offender

Juvenile Offender Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

#### Juvenile Offense Information

Current Charges: \_\_\_\_\_

Case No: \_\_\_\_\_ Probation No: \_\_\_\_\_

Case Status: \_\_\_\_\_

Probation Officer Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

WV DHHR Worker: \_\_\_\_\_ County: \_\_\_\_\_

Phone No: \_\_\_\_\_ EXT: \_\_\_\_\_

**Victim**

Victim Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

If Victim is a minor, Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Special issues to be considered for mediation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Youth/family case management needs:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Attach Copies of Relevant Documentation, including:**

- 1. Police Report
- 2. Probation Report
- 3. General Order of Restitution
- 4. Victim Loss Statement

**JVOM Office Only**

**Accepted for mediation/Date and time:** \_\_\_\_\_

**Not accepted for mediation/Date:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

