

Adult Restorative Justice Conferencing CONFERENCE REFERRAL (Form 1a)



REFERRAL DETAILS

DATE OF REFERRAL

ARJC CASE #.

REFERRER NAME

ORGANISATION

TELEPHONE NUMBER

EMAIL ADDRESS

CONFERENCE REQUEST

At what stage of the criminal justice process is a conference being sought?

PRE-CHARGE PRE-HEARING PRE-SENTENCE POST-SENTENCE

COURT DETAILS

COURT

NEXT COURT DATE

OFFENDER

SURNAME

GIVEN NAME/s

ADDRESS

SUBURB

STATE

POSTCODE

TELEPHONE

EMAIL ADDRESS

Does the offender consent to being contacted by Adult Restorative Justice Conferencing regarding this matter?

NO YES

DECLARATION

This referral complies with all Dispute Resolution Branch eligibility criteria for referral to Adult Restorative Justice Conferencing (see page 3).

YES

OFFENDER SOLICITOR

FULL NAME

FIRM / OFFICE

TELEPHONE

EMAIL ADDRESS

SUPPORTING INFORMATION

The following documentation must be attached to the referral to assist Adult Restorative Justice Conferencing to make an informed decision regarding the eligibility and suitability for a conference to take place.

- Bench Charge Sheet
- Statement of Facts/QP9 Court Brief

If the supporting documentation is not provided at the time of referral, there will be a delay in the commencement of the conference process.

Please continue to page 2 to complete victim details

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Queensland
Government

VICTIM 1

SURNAME

GIVEN NAME/s

ADDRESS

SUBURB

STATE

POSTCODE

TELEPHONE

EMAIL ADDRESS

Does the victim consent to being contacted by Adult Restorative Justice Conferencing regarding this matter?

NO YES

In the first instance, how does the victim wish be contacted?

PHONE EMAIL POST

VICTIM 2

SURNAME

GIVEN NAME/s

ADDRESS

SUBURB

STATE

POSTCODE

TELEPHONE

EMAIL ADDRESS

Does the victim consent to being contacted by Adult Restorative Justice Conferencing regarding this matter?

NO YES

In the first instance, how does the victim wish be contacted?

PHONE EMAIL POST

VICTIM 3

SURNAME

GIVEN NAME/s

ADDRESS

SUBURB

STATE

POSTCODE

TELEPHONE

EMAIL ADDRESS

Does the victim consent to being contacted by Adult Restorative Justice Conferencing regarding this matter?

NO YES

In the first instance, how does the victim wish be contacted?

PHONE EMAIL POST

SUBMITTING THE REFERRAL

This form is required to be submitted electronically using the submit button.

GETTING HELP WITH MAKING A REFERRAL

BY PHONE

(07) 3239 6256

BY EMAIL

arjc.enquiry@justice.qld.gov.au

PRIVACY STATEMENT

The personal information on this form is collected by Adult Restorative Justice Conferencing for the purpose of providing dispute resolution services and undertaking related activities. Only authorised persons will have access to this information. These details will not be disclosed to a third party without the consent of the named person/s, or unless the disclosure is authorised by law.

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Dispute Resolution Branch eligibility for referral to Adult Restorative Justice Conferencing:

- a) that a person has been charged, or there is sufficient evidence to charge the offender at law
 - b) that both the victim and offender express a willingness for the matter to be referred to an Adult Restorative Justice process
 - c) the offender does not have a history of related offences within the last five (5) years; nor a conviction dealt with on indictment in the District or Supreme Court
 - d) the offender is not in breach of any order at the time of the commission of the current offence
 - e) the offender has not participated in an Adult Restorative Justice process previously
 - f) the offence is not arising out of conduct about which an application for a domestic violence / protection order is based, has been made and/or any breach of such order
 - g) the offender is not in breach of any release conditions
 - h) there are no orders or conditions (including undertakings as to bail), which prevent contact between the parties for the purposes of an Adult Restorative Justice process.
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