

Juvenile Offender

Case No. _____

Probation No. _____

Name: _____;

DOB: _____ Sex: _____

Name of Parent(s)/Guardian(s): _____

Address: _____,

(Street/PO Box)

(City)

(Zip)

Phone Number: (hm) (____) _____; (wk) (____) _____;

(alt) (____) _____

Ethnicity: Juvenile: _____; Parent/Guardians: _____

Language: Juvenile: _____; Parent/Guardians: _____

Disability: Juvenile: _____; Parent/Guardians: _____

Victim

Name: _____;

DOB: _____ Sex: _____

Address: _____,

(Street/PO Box)

(City)

(Zip)

Phone Number: (hm) (____) _____; (wk) (____) _____;

(alt) (____) _____

If victim is a minor, Name of Parent(s)/Guardian(s) _____

Ethnicity: Juvenile: _____; Parent/Guardians: _____

Language: Juvenile: _____; Parent/Guardians: _____

Disability: Juvenile: _____; Parent/Guardians: _____

Issues to be considered for mediation:

PLEASE ATTACH INFORMATION FOR ADDITIONAL OFFENDERS OR VICTIMS ON A SEPARATE SHEET.

PLEASE ATTACH COPIES OF RELEVANT DOCUMENTATION, INCLUDING:

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

To be completed by Juvenile Justice Mediation Program

a. Accepted for Mediation/Date: _____

b. Not-Accepted for Mediation/ Date: _____

Reason: _____
