

My client wants to take part in restorative justice

RESTORATIVE JUSTICE REFERRAL FOR DEFENDANT

Fill in this form if you are a defence lawyer and your client wants to take part in restorative justice.

The information you give us will be used to make sure our records are up-to-date, so (if the judge directs restorative justice) we'll be passing on the right information to the Restorative Justice Provider. Please give this form to the court taker at your local court.

Court use onl	Direct to Restorative Justice AND: Release Summary of Facts Release Criminal Conviction History
1. Give u	ıs your details
Name	
Email	
Phone	
2. Give us your client's details We'll store this information securely. You can see and change it. For the ministry's full privacy statement, please go to justice.govt.nz	
Preferred provide	er en
	Restorative Justice Waitakere Te Whānau Āwhina
Full name	
Date of birth	
Address	
Phone	Day Evening
Email	
Does your client h	nave name suppression? Yes No
Please list your cl	ient's current charges (and the CRNs, if you know them)
Tell us anything else you think we should know, such as the best way to contact your client	