

Renville County Restorative Justice Program Referral Form

105 South 5th Street
Suite 120, Olivia, MN 56277
Phone: 320-522-1573

Email: andrew.peltz@renvillecountymn.gov

Referral Source: Address: Phone: Fax:	Other professional involvement: <input type="checkbox"/> RCHS Case manager <input type="checkbox"/> Probation <input type="checkbox"/> Greater MN <input type="checkbox"/> Other: <input type="checkbox"/> Other:
Guardian Name: Child Name: Address: Phone:	Date of Birth: Date of Birth: Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Open case: <input type="checkbox"/> Yes <input type="checkbox"/> No Screened out: <input type="checkbox"/> Yes <input type="checkbox"/> No
Client supports: (parents, spouse, friends, family members, etc.)	
Is client currently in placement or at risk of going into placement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Purpose/Goals/Best Hopes for Circle: What do you see as strengths of this individual/family? Additional Comments:	
Referral signature:	Date:
(Please attach appropriate documentation such as release of info, Court reports, Maps, Safety Plan, Harm/Danger statements, 3 Houses, Safety Houses/ Safety Goals, Genograms, Bottom Lines and/or other relevant info.)	

Send referral information to:
Andrew Peltz - Restorative Justice Program
(Contact information above)

For department use	
Date received:	<input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted <input type="checkbox"/> refused
Circle:	
Additional info:	
Signature:	Date: