



Youth Restorative Action Project

Client Referral Form

Please fill **both** pages to the best of your ability and submit to yrap@yrap.org

Referee Information

Date (yyyy/mm/dd)

Referring Party (Name, Organization/Company)

Phone (Primary)

Relation to Client

Phone (Alternate)

Email Address

Client Information

Please only provide charge and council information if applicable

Client Name

DOB (yyyy/mm/dd)

Phone (Primary)

Phone (Alternate)

Email Address

Address (Street and Apt.)

City

Province

Postal Code

Charges and Docket #

Next Court Date

Name of Council and Contact Info





Youth Restorative Action Project

Purpose of Referral

☐ Sentencing

☐ Bail

☐ Diversion First

☐ One80

☐ Mentorship

☐ Other (Please Specify)

Please describe the reason for your referral, and any additional relevant facts that may assist us in supporting the youth.

