



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.

