



Purpose:

Our Nation's restorative justice program is called Khutsedzik'e', which means "in our ancestors' footsteps" in our Kwadacha language. A key component of our program is the justice and healing camps we deliver on the land throughout the year. The program works in collaboration with the RCMP, the justice system, and the local government. It is an opportunity to bring Kwadacha Elders, Council, community members, and outside agencies into the circle of support.

Referral Type (check one):

Youth Adult

Date of Referral: _____

Referral Source (check one):

Police Department

School

Community Organization

Court

Family

Self

Other: _____

Is the Subject Person Aware of Referral?

Yes No Unsure



PART 1: PARTICIPANT INFORMATION

Name of Individual Referred: _____

Date of Birth: _____

Pronouns: _____

Address: _____

Phone Number: _____

Email: _____

Social Media: _____

Parent/Guardian/Support Person(s): _____

Phone Number of Parent/Guardian/Support(s): _____

Social Media of Parent/Guardian/Support(s): _____

If Under 18 Years Parent/Guardian Signature(s):

Signature of Person Referred:



PART 2: INCIDENT DETAILS

Date of Incident: _____

Location(s) of Incident: _____

Brief Description of Incident: _____

Is the individual taking responsibility for their actions?

Yes No Unsure

PART 3: REFERRAL REASON

Please indicate why you are referring this individual to the Khutsedzik'e' Restorative Justice Program (check all that apply):

- To repair harm caused by the incident
- To avoid formal court/legal proceedings
- To provide an alternative to punitive measures
- To support healing and reconciliation
- To address conflict between parties
- To offer community-based support and accountability
- Other: _____



PART 4: PARTIES INVOLVED

Name(s) of Impacted Party/Parties (victim/s): _____

Has the impacted party been contacted and are they willing to participate?

Yes No Unsure

Any safety concerns for either party?

Yes No Unsure

If yes, please specify: _____

PART 5: REFERRAL OUTCOME EXPECTATIONS

**What outcomes are you hoping for through this restorative justice process?
(check all that apply):**

- Accountability for actions
- Apology and acknowledgment
- Community service
- Mediation and dialogue
- Restitution (financial or otherwise)
- Healing for impacted parties
- Reparation of community relations
- Other: _____



PART 6: ADDITIONAL INFORMATION

Please provide any additional relevant information: _____

List any accommodations that would be necessary to support the individual: _____

PART 7: REFERRAL SOURCE INFORMATION

Name of Referring Individual or Organization: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Email: _____

Signature:

Date:

Submit Form to: c.carbert@kwadacha.com

or mail to: Kwadacha Nation - 2221 Quinn Street South, Prince George, BC V2N 2X4

Questions to: khutsedzike@kwadacha.com