

**3<sup>rd</sup> District JUVENILE COURT**  
**MEDIATION PROGRAM REFERRAL (April 2007)**

Youth Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Incident Number & Offense type: \_\_\_\_\_

Co-Defendant's Name & Case Numbers : \_\_\_\_\_

Youth's Parents : \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Victim's Name (and parents if under 18yrs)** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Victim's Address:** \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Referred: \_\_\_\_\_ Judge: \_\_\_\_\_ Court Order  YES Or  NO

Next Hearing/Review Date: \_\_\_\_\_ Interpreter/Language: \_\_\_\_\_

Summary of Situation: \_\_\_\_\_

**Please fax or send copies of**

- Court Order
- Court Report
- DA Petition
- Police Report
- Victim Impact Statement
- Restitution Work Sheet\*** please email a completed (except for final amounts)a worksheet.
- Evidence of Loss to support claim

**Please return to:**

**Gina Trujillo Office: 238-7722 Fax: 238-7734**  
**Victim-Offender Program Coordinator**  
**Email: [ginat@email.utcourts.gov](mailto:ginat@email.utcourts.gov)**