



Restorative Agreement

Incident: _____

Incident Date: _____ Opening Circle date: _____

The person involved in this incident agrees to perform the activities listed below in order to:

1. help repair the harm done,
2. develop a deeper understanding of the impact of acts, whether harmful or helpful; to use this understanding to
3. improve future decisions,
4. restore a position of trust within the family and community.

This **agreement has priority over all other activities** other than school, work, and serious emergencies. It is expected that the person will make every effort to get the most benefit possible from these activities, and not “just go through the motions,” and that the undersigned will do all within their power to help him or her do this. The person who caused harm agrees to contact a facilitator **weekly** or at other intervals specified in this agreement. S/he further agrees to seek help early if any item is in danger of not being completed on time. Failure to complete this agreement may result in this case being referred back to the police department for court action. The person who’s caused harm agrees to refrain from activity harmful to his/herself or others. Further encounters with police during the period of time with C4RJ may result in being called back to the Circle and/or having the case returned to the police.

The person involved agrees to obtain the services of an approved counselor and to follow the recommendations of the counselor. The person is responsible for paying the counselor; payment must occur before the case is closed.

1. _____

Complete by: _____

2. _____

Complete by: _____

3. _____



Complete by: _____

4. _____

Complete by: _____

5. _____

Complete by: _____

All parties agree to make a good faith effort to complete the agreement above by the date of _____ . The Closing Circle will be held on _____ at _____ . Location: _____ .

Signed: _____ Date: _____

Keeper: _____

Person harmed: _____

Person harmed/Supporter: _____

Facilitator: _____

Person Responsible: _____

Responsible Person Supporter(s): _____

Police Representative: _____

Case Coordinator: _____

Community Member(s): _____