Restorative Agreement

Incident:__________________________________________________________

Opening Circle date:_______________    Closing 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 meet with or contact a facilitator weekly or at other intervals agreed to with facilitator. 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 referring agency. 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. ________________________________________________________________
   __________________________________________________________________

2. ________________________________________________________________
   __________________________________________________________________

3. ________________________________________________________________
   __________________________________________________________________

4. ________________________________________________________________
   __________________________________________________________________

5. ________________________________________________________________
   __________________________________________________________________
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(s) harmed:

__________________________________________________________

Person(s) harmed supporter(s):

__________________________________________________________

Facilitator(s):

__________________________________________________________

Person(s) responsible:

__________________________________________________________

Person(s) responsible supporter(s):

__________________________________________________________

Police representative:

__________________________________________________________

Case coordinator(s):

__________________________________________________________

Community Member(s):

__________________________________________________________