

REFERRAL ORDER CONTRACT

AVOID OFFENDING

RESTORATIVE JUSTICE

Future Goals

OTHER

(include number of sessions)

FAMILY & FRIENDS

**LEISURE & SELF
DEVELOPMENT**

EDUCATION, TRAINING & EMPLOYMENT

DIVERSITY

HEALTH

Offence (s)

.....
.....

Length Of Order

.....

**Risk Level At The Start
Of Order**

.....

Review Dates

1st

2nd

3rd

COUNTER SIGNATURE

Parent / Carer

.....

Panel Member 1

.....

Panel Member 2

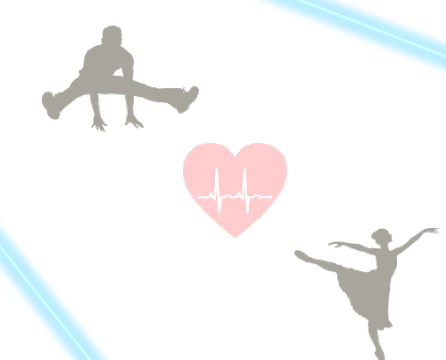
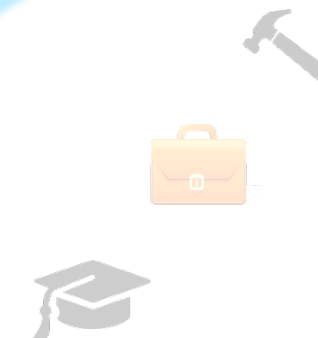
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Case Manager

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Other

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I AGREE:

- To attend my appointments, as required.
- To tell my YOS officer, within 24 hrs, if my address changes.
- To immediately tell my YOS officer, if I can't keep an appointment.
- That I understand I may be returned to court, if I don't keep to my contract.

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(Young Person's Signature)

Date: