

Federal Pretrial Restorative Justice Circle - APPLICATION

Submit this completed/signed application to the U.S. Pretrial Services Office

300 Ala Moana Blvd. Room 2100, Honolulu, HI 96850

FAX # 808-541-3507 or EMAIL to uspretrialhawaii@gmail.com

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|--|--------------------------|---------------------------|-------------------|--|---------------------------------------|
| Applicant's Name: | | Applicant's Address: | | Applicant contact phone #: Cell # (if different): | |
| Pretrial Services Officer: | | BOP Case Manager: | Defense Attorney: | | How did you hear about this program? |
| IDENTIFIERS (protected & used for research only) | | | Today's Date: | | Date desired for restorative meeting: |
| SSN (last 4 digits) | USMS/BOP # | Hawaii SID # | | | |
| Age: | Highest education level: | Last school attended: | Offense Charged: | | Status of Case: |
| Are there any protective orders involved in your case? ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes describe: | | | | | |
| Restorative process has been explained to you? <input type="checkbox"/> YES <input type="checkbox"/> NO First referral? <input type="checkbox"/> YES <input type="checkbox"/> NO Hawaiian ancestry? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Additional comments: | | | | | |
| Name of primary person harmed (if applicable): | | | Age: | Phone: | |
| NAMES OF POTENTIAL SUPPORTERS, FAMILY & FRIENDS | | RELATIONSHIP TO ME | | PHONE # | |
| | | Father | | | |
| | | Mother | | | |
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| | | | | | |
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| NAMES OF PROFESSIONALS / OTHERS | | AGENCY | | PHONE # | |
| | | Pretrial Services Officer | | | |
| | | Defense Attorney | | | |
| | | Counselor | | | |
| | | Case Manager | | | |
| | | | | | |

I understand that my participation in a Pretrial Restorative Justice Circle is strictly voluntary. I hereby give permission to the U.S. Pretrial Services Office and the Hawai'i Friends of Restorative Justice (HFRJ) to exchange confidential information about me in connection with my participation in the restorative circle. I further authorize the HFRJ facilitator(s) to contact the people listed above to discuss information about me for the purpose of the restorative circle. My signature acknowledges that I waive my right to confidentiality for the HFRJ facilitator(s) and those identified above for the limited purpose of this restorative circle. My signature also acknowledges my understanding that this is a research project and information about me (without personally identifying me) may be shared for research and academic purposes.

Signed: _____ Date: _____

Witness (optional): _____ Date: _____

(Print Name and Title) _____