

514 West Liberty Street, Suite 106 Louisville, KY 40202-2324 Phone: 502 574-6869 Fax: 502 574-5299

Fax: 502 574-5299 www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request:	4-10-13	Case Number: <u>00327597</u>	
Referring Agency:		Restitution Amount:	unknown
Person Referring		Diversion 🔀	Probation
Phone Number		Next Court Date:	
Please include any of t	the applicable items: citation, victim statement, stat	ement of loss, teacher statement, petition	or any other pertinent information
	·	tional forms for multiple victims	
Name:	Latrice York and daughter		
Address:			
	650-6112 Cell Number:		
Male Female	\boxtimes	Date of Birthur	known
If under age eighte	en (18), parent/guardian name and a	ddress:Latrice York	
	Offender Information (use s	eparate form for each offender	1
Name:			
	623 S 18 th St, 40203		
	835-5090 Cell Number:		
Male Female	_	Date of Birth:5	
If under age eighte	en (18), parent/guardian name and a	ddress: <u>Shamica Major</u>	
Date of Offense:	12/12/12 Was a citation is	ssued? Yes 🗌 No 🛛 Office	r:
Summary of offens	se and nature of damages: (attach a co	opy of the petition and, if appro	opriate, the citation.)
	3 rd . Affiants grounds of belief are that		
saw listed subject a	and co-defendants run from her front	porch area. Her front door wa	s kicked in and the subject
•	oor frame was kicked in and will need	•	•

damaged that they were replaced as well. Total damage totaling \$1500 plus labor.