



Restorative Justice  
Louisville

## Conference Agreement

Case number 00246482-001

Name of Offender: Latyia Hajor

Name of Victim: Latrice York

Offense(s): Criminal Mischief 3rd Date of Meeting: 5/30/2013

### AGREEMENT

The following agreement was reached:

1. I, Latyia Hajor agree to pay victim Latrice York \$75 per month  
Payment will be made in full by (date) Nov. 30, 2013 or in payments as follows:

Unless paid to the victim at the meeting, payments will be mailed to:

Latrice York  
550 South 20th Street  
Louisville KY 40203

Additional Agreement(s):

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Use additional sheets if necessary.

We further understand that this agreement will be shared with the following:

We also understand that a copy of this agreement shall be provided to the Court and a copy maintained by Restorative Justice Louisville.

**Signatures**

Lathia York 5-30-13  
Person who was Harmed Date

\_\_\_\_\_  
Person who was Harmed Date

Lathia York  
Person Who Caused Harm Date

\_\_\_\_\_  
Person Who Caused Harm Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Parent (if present) Date  
(If person harmed under 18 years of age)

\_\_\_\_\_  
Parent (if present) Date  
(If person harmed under 18 years of age)

Shamica Majie 5/30/13  
Parent (if present) Date  
(If person is under 18 years of age)

\_\_\_\_\_  
Parent (if present) Date  
(If person is under 18 years of age)

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

Use additional signature sheets if needed.

Return original to:  
**Restorative Justice Louisville Inc. Coordinator**  
**514 West Liberty Street, Suite 106**  
**Louisville, KY 40202**