



Restorative Justice
Louisville

Conference Agreement

Case number _____

Name of Offender: _____

Name of Victim: _____

Offense(s): _____ Date of Meeting: _____

AGREEMENT

The following agreement was reached:

1. I, _____ agree to pay victim _____ \$ _____

Payment will be made in full by (date) _____ or in payments as follows:

_____.

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

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

Person who was Harmed Date

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

Person who was Harmed Date

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

Person Who Caused Harm Date

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

Person Who Caused Harm Date

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

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