

**Restorative Justice Louisville Inc.**

**514 West Liberty Street, Suite 106**

**Louisville, KY 40202-2324**

**Phone: 502 574-6869**

**Fax: 502 574-5299**

**www.rjlouisville.org**

Referral Form

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

Date of Request: \_\_7-31-12\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_056-00243342-001\_\_\_\_

Referring Agency: \_\_Jefferson County Juvenile Court\_\_ Restitution Amount: \_\_\_unknown \_\_\_\_\_\_\_\_

Person Referring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diversion  Probation

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Court Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please include any of the applicable items: citation, victim statement, statement of loss, teacher statement, petition or any other pertinent information*

**Victim Information** *(use additional forms for multiple victims)*

Name: \_\_Shantel Davis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_1929 S. 28th Street Louisville, KY 40210\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_(502) 249-7730\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under age eighteen (18), parent/guardian name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offender Information** *(use separate form for each offender)*

Name: \_\_Shavon Cowherd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_2633 Algonquin Pkwy Louisville, KY 40210\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: Cell Number: \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male  Female  Date of Birth: \_\_11-10-95\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under age eighteen (18), parent/guardian name and address: \_\_Yvonne Cowherd (same address) \_\_\_\_\_\_\_\_\_

Date of Offense: \_6-26-12 Was a citation issued? Yes  No  Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of offense and nature of damages: *(attach a copy of the petition and, if appropriate, the citation.)*

On 6-26-12 victim stated that Yolanda and her co-defendant Shavon Cowherd threw a large brick through her daughter’s bedroom window and living room window. Damage to windows is $200.

Incident Address: 1929 South 28th Street Louisville, KY 40210