InnerCity Collaborative Community Development Corporation

Restorative Justice Program

**Contract for Participation**

*InnerCity Collaborative CDC Restorative Justice provides an option within the District of Columbia juvenile/criminal justice and community based school system to empower victims’ voices, hold offenders meaningfully accountable, and reconnect communities.*

* I understand that I have been referred from the Office of the Attorney General/DCPS/CFSA/DYRS/Court Social Services or other youth serving agency as a candidate for the Restorative Justice Circle.
* I am aware that I (or my parents) have the right to consult an attorney to help decide whether to participate in this voluntary program.
* The Circle process has been explained to me and I know it requires a free, open and honest exchange of the circumstances and events relating to the incident.
* Participation requires that I accept responsibility for my actions in this incident.
* I am aware that statements I make during these discussions will not be held against me should my case be returned to the police/courts.
* I understand that I should not speak about any other criminal activity during the Circle as this might need to be acted upon by participating personnel.
* I agree to keep confidential everything said in the circle.
* I understand that if possession of drugs or alcohol is part of this incident, I may be required to obtain a qualified Substance Use Assessment and to complete resulting referrals assigned by the Substance Use Counselor.
* I understand that all Circle participants, including the person(s) harmed, myself, my parents, and community volunteers will help create a Restorative Agreement.
* I understand it is my responsibility to actively engage in the Circle process and complete each of the agreement items with guidance from my facilitator.
* I understand that completing the agreement has priority over all other activities other than school and serious emergencies.
* I understand that if I fail to complete the Restorative Agreement, the case will be returned to the police and could be relevant in future charges and court action unrelated to this matter.
* I understand participation for all individuals involved is voluntary and that if I withdraw from this process the case will be returned to the police.

I agree to participate in Restorative Circle Case # on (Date)

Applicant signature / Printed Name / Date

I have read the above and agree to support my son/daughter throughout this Restorative Justice process. I agree to keep confidential everything said in the circle.

Parent/Guardian/Supporter Signature / Printed Name / Date

InnerCity Collaboative CDC RJ Staff Signature / Date

**InnerCity Collaborative CDC Headquarters-5219 Call Place SE, Washington, DC 20019 (office)202-584-3103**