

Restorative Justice Program
Reparation Agreement

Incident Date: Click or tap to enter a date. Offender's Name:

I will complete the following, which have been agreed upon by all parties at today's conference.

- | | |
|-------------------------------------|--------|
| 1. A personal apology to the victim | Yes/No |
| 2. A written apology to the victim | Yes/No |
| 3. Compensation/Reparation | Yes/No |
| 4. Community/Civic Service | Yes/No |
| 5. Plan for monitoring completion | Yes/No |
| 6. Other matters: | |

It was agreed upon that _____ will _____ for the incident that occurred on _____, 2021.
will file certificates of completion with the court once everything is paid and submitted.

I agree to the above _____
Offender

Witnessed and agreed _____
Supporter

Witnesses and agreed _____
Victim

Other witnesses:

_____	_____
_____	_____
_____	_____
_____	_____

Location of Conference: Shelby County Community Corrections Date: Click or tap to enter a date.

Conference Facilitator(s): Click or tap here to enter text.