



**Belknap County Family Mediation**

306 Union Avenue  
Laconia, NH 03246  
(603) 527-0200

**Victim-Offender Referral Form**

Date Referred: \_\_\_\_\_ Referral Source: \_\_\_\_\_  
Referral Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Offense: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

**Offender**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address/Phone (if different): \_\_\_\_\_

**Victim**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian (if juvenile): \_\_\_\_\_  
Address/Phone (if different): \_\_\_\_\_

Details of Offense/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status of other offenders if not referred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_