Peacemaking Referral Form

- SUBMIT TO THE NEAREST PEACEMAKING PROGRAM OFFICE

11 DISTRICT OFFICES

Alamo
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Window Rock
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E: daishaholyan@navajo-nsn.gov

Program Admin. Office
Ph: (928) 871-6388
E: CassandraLittle@navajo-nsn.gov

REFERRER'S INFORMATION

Name of referring Court/Agency:
Date of Referral:
Judicial District:
Name & Title of Referrer:
Referrer's Tel: Email:

IMPORTANT: HAS A COURT CASE BEEN OPENED IN THIS MATTER? ☐ No ☐ Yes, Docket #: _____

INFORMATION OF INDIVIDUAL BEING REFERRED

Name:

Individual is: ☐ Adult ☐ Child ☐ Elderly
Census #: DOB:
Tel: Email:
Mailing Address:
Physical Address:
If child, name(s) of parent(s)/guardian:
If elderly with guardian, name of guardian:

REQUEST FOR SERVICES

What services are suitable for this referral (check all that apply):

- ☐ Hózhóji naat'aah (Peacemaking)
- ☐ Ałchíní báNdazhnit'á (Diné Family Group Conferencing)
- ☐ Nábináhaazláago ałch'į' yáti' (Life Value Engagement –INDIVIDUAL)
- ☐ Bábináhaazláago ałch'į' yáti' (Life Value Engagement –GROUP)
- ☐ Peacemaking Youth Apprentice Mentoring Program

Describe the problem(s), issue(s) or concerns (please add pages if necessary):

What are the goals of this referral?

PRIOR REFERRALS

Has the individual been referred to peacemaking before? ☐ Yes ☐ No
If yes, date that case was closed:
Please briefly describe the results of the prior referral: