



Victim Impact Panel Schedule 2010

Updated November 23, 2009

Restorative Justice Center
215 N 2nd Street, Suite 108
River Falls, WI 54022

phone: 715-425-1100
fax: 715-425-1112
email: scvrjpinfo@gmail.com
website: www.scvrjp.org

There is a \$40 cost for attendance, cash preferred.
 Registration is from 6:30-6:55. Doors lock at 7:00pm.
 Panel begins PROMPTLY at 7:00 pm.
 No drinking or use of controlled substances prior to attendance.
You may be required to submit to a breathalyzer prior to the panel.
 No cell phones, pagers, food or drink are allowed during the panel.

Date	Location
January 20 Wednesday	River Falls Public Library 140 Union St River Falls WI.
February 17 Wednesday	St Croix County Government Center (lower level) 1101 Carmichael Rd Hudson WI.
March 17 Wednesday	River Falls Public Library 140 Union St River Falls WI.
April 21 Wednesday	River Falls Public Library 140 Union St River Falls WI.
May 19 Wednesday	St. Francis Parish Hall 244 West Woodworth Ellsworth, WI
June 16 Wednesday	St Croix County Government Center (lower level) 1101 Carmichael Rd Hudson WI
July 21 Wednesday	Christ Lutheran Church 510 Germain St Somerset, WI
August 18 Wednesday	River Falls Public Library 140 Union St River Falls WI.
September 15 Wednesday	St Croix County Government Center (lower level) 1101 Carmichael Rd Hudson WI.
October 20 Wednesday	Christ Lutheran Church 510 Germain St Somerset, WI
November 17 Wednesday	River Falls Public Library 140 Union St River Falls WI.
December 15 Wednesday	St Croix County Government Center (lower level) 1101 Carmichael Rd Hudson WI

Please see the other side for a registration form you can bring completed to the panel.



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St. Croix Valley Restorative Justice Program Victim Impact Panel

Registration/Verification of Attendance

LAST NAME	FIRST NAME and MIDDLE INITIAL
ADDRESS CITY, STATE, ZIP	
PHONE –best number, in case we have questions.	DATE OF BIRTH
<p>Verification of attendance needs to be sent to:</p> <p><input type="checkbox"/> Pierce County Human Services, Ellsworth Wisconsin</p> <p><input type="checkbox"/> St. Croix County Health & Human Services, New Richmond Wisconsin</p> <p><input type="checkbox"/> Other*: _____</p> <p>*please provide a name, phone or fax number</p>	
<p><i>Please make checks payable to SCVRJP.</i></p> <p><i>Verification will be mailed within 3 business days.</i></p>	<p><i>For staff use only:</i></p> <p>CASH _____</p> <p>Check _____</p>

I hereby authorize *St. Croix Restorative Justice Program* to comply with the request to document and to verify attendance in the Victim Impact Panels.

Signature: _____

Today's Date: _____