**Client** **Request for Completion of Circle**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Circle Community (Please underline one of the following:) Stillwater; Woodbury; Cottage Grove

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you feel you are ready to complete your Circle? (Please describe in at least 3-4 sentences.)~~?~~

What steps have you taken to repair the harm to the victim in your case? (Please describe in at least 3-4 sentences) What about steps to repair the harm to your community?

What steps have you taken to prevent the behavior that caused you to be referred to Circle from occurring in the future? (Please describe in at least 3-4 sentences)

Please describe your state of mind when you started the Circle process and your state of mind today.Do you feel different? If you feel different, describe how.

**Permission and Agreement**

* I grant permission for Washington County Community Circles, Inc. to use the information I have provided in this application for evaluation, marketing, and other corporate purposes, as long as my last name is not used.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature (if applicable) Date