Battering Intervention Prevention Programs: Sample Forms

Texas Council on Family Violence

2009
**Introduction:**

To assist current and new programs in meeting BIPP Accreditation Guidelines, the Texas Council on Family Violence (TCFV) compiled various forms used by Battering Intervention and Prevention Programs (BIPP) funded by the Texas Department of Criminal Justice Community Justice Assistance Division (TDCJ-CJAD). These forms are the result of thoughtful work from statewide BIPP programs. TCFV acknowledges the work all TDCJ CJAD-funded BIP Programs undertake, from developing accurate protocol tools, such as those that follow, to facilitating effective groups that hold batterers accountable and keep victims safe. TCFV is grateful for their dedication to provide quality services to their community.

**Use of this Technical Assistance Packet:**

The following documents are sample forms BIP Programs may use to document services provided, information about the participant, and various releases. Programs may also use these forms as a starting point for creating customized forms.

This packet is divided into three sections: Participant Forms, Personnel Forms and Miscellaneous Forms. These sections were chosen based on the need to document compliance with TDCJ-CJAD Accreditation Guidelines. Specific forms were chosen based on format, comprehensiveness, and ease of use.

Programs may modify these forms to reflect specific conditions affecting respective communities, to meet program needs, or for consistency with local policies or procedures.

**Disclaimer:**

While these forms were chosen because they are the most accurate reflection of the 1999 BIPP Guidelines standards, they **DO NOT** reflect the 2009 BIPP Accreditation Guidelines. Revisions will be necessary.

**Acknowledgement:**

TCFV thanks the following programs for sharing their exceptional work so that quality services are available statewide:

- Family Support Services BIPP-Amarillo
- LifeWorks/Resolution Counseling-Austin
- Adult Violence Intervention Program-Bastrop
- Women’s Shelter of South Texas, BIPP-Corpus Christi
- The Family Place, BIPP-Dallas
- Denton County Friends of the Family BIPP-Denton
- SafeHaven of Tarrant County BIPP- Arlington
- Hill Country CARES-Kerrville
- Mid-Coast Family Services, BIPP-Victoria
- Family Violence Prevention Services, VIP-San Antonio
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PARTICIPANT FORMS
Written Participant Agreements
The purpose of the Resolution Counseling program is to build healthy relationships by ending abuse and violence. The program consists of a minimum of 21- or 30 weekly, 2-hour group sessions, as determined by the referral source and/or by LifeWorks. If the client is court-ordered or on probation, he or she understands that completion of this program is a part of his or her sentence.

A. FEES
- The fee for Orientation and Intake is $30. To reschedule an intake appointment, client must call 24 hours in advance or pay a $20 no-show fee.
- The fee per group session is $75 until proof of income is provided. Upon proof of income, we may reduce the session fee. If applicable, the adjusted fee will be $ _______ or TBD.
- For security reasons, remit all fees by MONEY ORDER or CREDIT CARD payable to LifeWorks.
- Group session fees are due at the start of each session. LifeWorks may refuse admittance without payment, which could result in client being counted absent. Fees will not be refunded when the service is delivered.

B. ATTENDANCE
- Client agrees to attend and complete _______ sessions to receive a Certificate of Completion.
- We expect clients to arrive on time. Tardiness may mean the client is not admitted and is counted absent.
- We will charge $20 for absences that are not excused by the counselor (e.g., no-show/no-call).
- Two (2) absences in a row, client will be dismissed from the program.
- Three (3) absences in a 30-day period result in dismissal from the program.
- Four (4) absences result in dismissal from the program. At dismissal, LifeWorks notifies the referring agency.
- Restarting the program means no credit for sessions attended; the count starts from zero.
- Call 735-2123 to restart. Client will be required to pay a $30 restart fee, plus any balance due.

C. PARTICIPATION - GROUP
- Clients are responsible for their participation. LifeWorks expects clients to discuss their attitudes, feelings, beliefs and behavior in their relationships. We expect clients to take part in discussions and exercises.
- LifeWorks expects clients to refer to all persons, present or not, in respectful terms.
- We expect written assignments to show thought and effort.
- Counselors sometimes assign homework. It is due at the start of the next session. Failure to turn in homework may result in no credit for the session.
- Program staff determines completion from the program. Successful completion criteria include, but are not limited to, cooperation with the group leader, compliance with Working Agreement and all LifeWork's policies, active involvement in discussions, and personal progress toward accountability and nonviolence.
- Noncompliance may result in dismissal from the program or additional requirements to graduate, as determined by LifeWorks Resolution Counseling staff.

D. PROGRAM EVALUATION
- For purposes of program evaluation we may contact partners and/or ex-partners three (3) and twelve (12) months following client's completion of the program. We will ask clients to sign a consent form for this.

E. CONFIDENTIALITY
- In order to provide the best conditions for therapeutic work, clients are entitled to confidentiality about their identity and other information shared in group. Any information LifeWorks releases to a third party will be limited to that which is required by referral and funding sources. Each client is also required to keep the identity and personal information shared by other group members confidential.
There are **limits to confidentiality**, which include:
- When a client is believed to be in imminent danger to him/herself or others;
- When a client reveals information that suggests child or elder abuse or abuse of a person with a handicap, staff are obligated by law to inform the Texas Department of Family and Protective Services;
- When a judge through a court-ordered subpoena requires records and/or testimony;
- When a client provides written consent.

**F. OBSERVERS**
- Observers may occasionally sit in on a group. LifeWorks requires them to sign a confidentiality statement.
- Observers may include student interns, trainees, other professionals, or community members.

**G. COMMUNICATION**
- Clients are responsible for providing their group leader any changes in address or phone number(s).
- Call your counselor if you have to miss group for a legitimate reason; you may need to provide documentation.
- In emergency situations, call 911, the 24-hour MHMR Hotline (472-4357 or 472-HELP), or Psychiatric Emergency Services, PES, (454-3521).
- For a family violence crisis, call 911. Clients may call a Resolution Counselor (9-6, Mon-Fri).
- If you are a battered person in need of help, call the 24-hour confidential hotline, 1-800-799-SAFE (7233).

**H. PARTICIPATION - PERSONAL**
- I agree to the program goals of safety, ending all violence, healthy relationships based on equality and accountability.
- I agree to be non-violent and non-abusive while participating in the Resolution Counseling program.
- I will comply with all conditions of my court order, probation, personal bond or other referral source.
- I will not bring weapons on the premises.
- If I demonstrate threatening, disruptive, or inappropriate behavior, or come to group under the influence of alcohol or drugs, I understand I will be asked to leave and counted absent. If I do not leave the premises when asked by any LifeWorks staff, I will be subject to termination from the program.
- I agree to inform my group leader of any violent incident or police call to my home resulting from a family disturbance and to discuss this in group or individually.

**Resolution Counseling** reserves the right to change program policies and procedures at any time, for those changes to become effective immediately upon adoption, and for them to apply to all current and future participants.

**I understand that LifeWorks makes no guarantee as to the results of their efforts.**

By my signature I understand and agree to the conditions of the Resolution Counseling program as outlined above, and acknowledge that I have received a copy of this agreement. Failure to comply with these agreements and rules may result in my suspension or dismissal from the program and, if court ordered, legal consequences.

---

Client signature

Date

Resolution Counselor

Date
Please print and complete all items

This form describes the Violence Intervention Program (VIP) and your responsibilities. Please read this form carefully.

I, ____________________________ request that the Family Violence Prevention Services, Inc. (FVPS) enroll me in the Violence Intervention Program (VIP). I agree to the following terms of participation in VIP, whether I am a volunteer or I am asked/required to attend VIP by a referring source (including, but not limited to a court/judge, probation office, parole office, pre-trial office, Child Protective Services [CPS], Crisis Response Team [CRT], district or county or municipal attorney, bonding agency, or other referring source). I further understand that the following requirements are essential to comply with my Community Supervision (as ordered by the Judge, Probation, Deferred Adjudication, Pre-Trial).

Special Notice to Men enrolling in VIP as a volunteer: Men who enroll in VIP as a “volunteer” will not receive a completion letter or certificate at the end of the program. Participants who do not provide copies of their court papers or list their referral source are considered volunteers.

ATTENDANCE:
- I must attend all twenty (20) weekly group meetings.
- I must attend the first group meeting or I will be exited from the program.
- I will have to make up any missed group meetings out of my 20 meetings.
- I will be requested to make up my group meeting if I arrive up to more than fifteen (15) minutes late for the meeting.
- On a case-by-case basis, individual meetings may also be required in addition to your weekly group meetings.

ABSENCES/EXIT:
- More than two (2) absences may result in my being exited from VIP. Make-up meetings do not erase absences. Make-up sessions must be completed in a timely manner as determined by the agency. There are no excused absences.
- I understand that the Judge/Probation Officer/Parole Officer will decide if I may be re-admitted to the program, if I am exited; it is not up to my counselor or other VIP staff.
- I understand I will be counted absent if I use my cell phone, walkie-talkie phone, text pager, etc during group time.

FEES:
- I will pay a registration fee of $25.00 and $10.00 for each group or individual session; total cost of the program will be $225.00.
- If I do not pay my fee before each session I will be counted absent.
- I understand that I will be charged the $10.00 session fee even if I am absent.
- I will have checked in and paid prior to the scheduled group time for each group session; a $5.00 fee may be assessed if I arrive late to a session.
- I understand that I must pay the fee at the beginning of each session and I cannot carry a balance.
- If exited from the program, I understand all paid fees will be lost. I will re-register for and re-start the program.
- Payment will be accepted in cash or by money order. Personal checks will not be accepted for payment.
PERSONAL RESPONSIBILITIES:

- Appropriate behavior is always expected. Inappropriate behavior may result in your exit from the program.
- It is my responsibility to know my status in the program: date and time of group meetings, financial obligations, and so on. I can contact the program by calling 210-930-3669.
- No weapons, firearms, or objects considered to be harmful to others will be allowed in the building.
- Appearing to be under the influence of alcohol or drugs at any group meeting may result in my being referred for substance abuse intervention and I will be dismissed from the group meeting.

FURTHER REPORTS OF VIOLENCE:

- Further reports of violence received from my present/former partner, probation officer, police or other officials, may result in an extension (additional meetings) in the program.

TELEPHONE CONTACTS:

- The person I assaulted may be contacted and offered counseling for herself and her children. If I am currently in a relationship with someone other than the person I assaulted, my current partner may also be contacted and offered counseling services.
- If I no longer know how the person I assaulted can be contacted, I will be required to sign a notarized statement to that effect.
- I am the only person who can contact VIP regarding my attendance. Calls will not be accepted from family members, friends, employers, and so on.

PROGRAM EVALUATION:

- I understand that materials I complete during VIP may be combined with that of other program members in order to assess the effectiveness of the program. I also understand that none of the material used will be identifiable to any other person as having been completed by me.

PRIVACY, CONFIDENTIALITY, AND LIMITATIONS:

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

- I understand that it is the policy of FVPS to insure that all information pertaining to my records is kept in a confidential manner. Access to confidential information shall be strictly limited to those with a verified need to know. For example: my counselor, my counselor’s supervisor, the receptionist, and funding auditors may review my file.
- The records will be available for my review, and will not be released to anyone other than the appropriate Agency staff without my written permission.
- I understand that it is possible for a judge or an attorney to subpoena copies of my records.
- I understand that staff members, interns, observers, probation officers, parole officers, and researchers may sit in group and/or may have access to my file on a need to know basis.
- Reports of my violence or threats of violence where there is a probability of imminent physical injury to the victim (partner), or any other person will be reported.
to the law enforcement agency in my community and my Probation Officer, or Child Protective Services Caseworker.

- I understand that my Probation Officer or other designated officer of the court may contact VIP regarding my participation in the program.
- Staff will contact an appropriate agency for referral, if the staff determines that I am at risk of hurting myself.
- Staff will attempt to contact the person involved, if the staff determines that I am at risk of hurting my partner or any other person.
- Staff will report any suicidal or homicidal ideation to an appropriate agency.
- Staff will report any incidents of child abuse/neglect to Child Protective Services.
- Staff will report any incident of abuse towards an elderly or disabled person to Adult Protective Services.
- Staff will report any illegal activity (possession of a weapon, possession or usage of drugs, alcohol consumption, theft, and so on) to the law enforcement agency in my community.
- This confidentiality agreement will continue in effect after the personnel, volunteers, interns and board members have left the Family Violence and other agency programs.

I have read and understood the above information regarding confidentiality and the limitations to confidentiality.

**CONSENT FOR RELEASE OF INFORMATION:**

- FVPS staff will contact my referring source (including, but not limited to a court/judge, probation office, parole office, pre-trial office, Child Protective Services [CPS], Crisis Response Team [CRT], district or county or municipal attorney, bonding agency, or other referring source) and share with my referring source information about my compliance with the terms of participation in VIP.
- Per State guidelines for batterer intervention and prevention programs, I hereby authorize information to be released to my referring source, the assault victim, and my past and/or current partner.
- I hereby authorize FVPS and its staff to release information to following persons:

  - Assault Victim’s Name: ____________________________
    - Address: ____________________________
    - Phone Number – include area code:

  - Partner’s Name: ____________________________
    - Address: ____________________________
    - Phone Number – include area code:

  - Probation Officer’s Name / Parole Officer’s Name*: ____________________________
    - County Court # or District Court #
    - Phone Number – include area code:
    - Fax Number – include area code:
Other Person**:
______________________________________________________________

Address: __________________________________________________________

Phone number – include area code: ______________________________________

Fax number – include area code: ______________________________________

SAPD: Victim Advocacy Section
SAPD: Crisis Response Team (CRT)
SAPD, BCSO, local police department
Judge
Parole Department
Pretrial Services
CPS Caseworker**

*Because Officers change from time-to-time, this includes a general release for any Probation Officer or Parole Officer
**CPS caseworker, attorney, relatives, and so on. Because CPS caseworkers change from time-to-time, this includes a general release for any CPS caseworker/employee.

I understand that the information discussed with the person(s) listed above will include: past or on-going violence, my capacity for further violence, program information, compliance or non-compliance with my responsibilities as a participant in the program, and evaluations that result in referrals for services. My consent for release of information will be effective for six months from the date of the last meeting.

MEDICAL RELEASE:

In the event that I or any of my children require medical treatment while on the premises of FVPS, and FVPS is unable to reach me or communicate with me at the time the medical treatment is required, I hereby authorize FVPS, to take or arrange for transportation for myself and/or my children to such hospital or emergency medical facilities as FVPS may deem appropriate. I am solely responsible for all fees and charges for emergency services (such as transportation by ambulance) and/or hospital/doctor/medical provider charges.

EMERGENCY CONTACT:

I authorize FVPS to contact the following person(s) in the event of an emergency. I further authorize FVPS to release my child/children to the following person(s) in the event of an emergency:

Name: ____________________________________________________________

Address: __________________________________________________________

Phone: _____________________________________________________________

Relationship: _______________________________________________________

For and in consideration of the services provided to me (client) and my child/children by the Family Violence Prevention Services, Inc., (FVPS), I hereby release, acquit and forever discharge the FVPS, its directors, officers, agents, servants, volunteers, and/or employees, from any and all claims or causes of action of any kind whatsoever, at common law, statutory or otherwise which I, my heirs, successors, or assigns, or my child/children, have or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to any act and/or omission of the FVPS, its directors, officers, agents, servants, volunteers, and/or employees form any kind and character of claim or cause of action, past, present or future, or in other loss or demand of any kind whatsoever resulting from any act and/or omission of the FVPS, its directors, officers, agents, servants, volunteers, and/or employees.

I acknowledge that I have read and understood the conditions of the VIP agreement, and I agree to comply with the rules of the VIP agreement as a condition to complete this program.

✓ This document was read verbatim to the participant.

Client’s Signature ____________________________________________

Counselor’s Signature __________________________________________

Date ___________________________ Date ___________________________

Group Assignment
For office use only

Date ___________________________ Time ___________________________

Counselor: Provide the client with a completed copy of this form at the end of registration.

List amendments (group start date/time and so on below). Continue on reverse if needed.
Family Support Services

BATTERING INTERVENTION/PREVENTION PROGRAM (BIPP)

Participant Agreement

The BIPP is primarily a direct service program for men who have been violent and/or abusive in their relationships with women. We believe that women have a right to safety and to self-determination. Our goal is to provide services by which batterers can recognize, accept responsibility for, and end their violent, controlling, and abusive behavior.

We suggest that you keep your copy of this document with other important papers at your home for a reference if you have a question about our policies while you are participating in this program. You may also need to keep receipts each week for proof of attendance.

CLIENT RIGHTS

You have the right to be treated with dignity and respect and to receive equal consideration regardless of your race, color, sex, national origin, source of income, age, physical condition, political beliefs or sexual orientation.

You have the right to be told the following: (in a language and style that you understand) how your participation is reported to a referring agent, program goals and expectations, the expected length, and cost. In addition, you have both the right and the responsibility to participate in this program.

You have the right to know that we are a training agency and that at any time we might have other professionals or student interns participate in our programs.

NOTICE OF PROCEDURES FOR COMPLAINTS

Our staff is dedicated to providing service in accordance with standards recognized by the Alliance for Children and Families and the Council on Accreditation of Services for Families and Children, Inc.

If you feel you have not been treated fairly, please notify:
Janet Byars, Executive Director
1001 S. Polk
Amarillo, TX 79101
806-342-2525

PROGRAM PLAN

1. Two orientation sessions which include a brief psycho-social history of client, a family violence history, and overview of curriculum and tools taught in program.
2. Twenty-four (24) weeks of group sessions at 1.5 hours each (36 hours).
3. Follow-up calls to appropriate agencies (probation, etc.) and partners. Calls to partners will be for the purpose of providing them with information concerning support that is available in the community to ensure their safety.

I understand and agree to comply with the program plan and also HEREBY GIVE WRITTEN PERMISSION FOR FAMILY SUPPORT SERVICES TO OBTAIN INFORMATION FROM MY PROBATION OFFICER OR OTHER REFERRING AGENT WHICH GIVES A CLEAR PICTURE OF MY CRIMINAL HISTORY AND DETAILS OF ANY INCIDENTS INVOLVING ASSAULTS. I understand this information or other information obtained from the orientation screenings could result in denied entrance into this program. Referrals and/or recommendations may be given to me and/or my referring agency.

Other reasons for denied entrance or continuation into this program include:
1. Active drug/alcohol addiction to the extent that would interfere with learning.
2. Mental, emotional or intellectual impairment that would make involvement in group difficult and counter-productive to the rest of the group.
3. Violent behavior which presents potential danger.
4. Refusal to remove weapons from home during program participation.

Signature ____________________________ Date ____________

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BIPP GOALS

1. The safety and self-determination of women, and the safety of their dependent children.
2. Men accepting responsibility for and stopping their physical violence and other abuses, including emotional, financial, sexual abuse, as well as threats of abuse and violence.
3. Men seeing and accepting the point of view of the persons witnessing and/or victimized by violent and abusive behavior.
4. Men learning to use new skills to stop violence and the threat of violence.
5. Men agreeing to change attitudes and beliefs that lead to violent and abusive behavior and to explore how they control others.
6. Men learning to live in relationships that are not only violence free, but mutually respectful, mutually satisfying and growth-promoting.
7. Men assuming social responsibility by passing on the benefits received from participation in BIPP.

WHAT WE EXPECT FROM YOU

I AGREE TO:

1. be non-abusive (psychologically, physically, sexually, or verbally) to my partner, children or Family Support Services staff.
2. be honest and direct, reporting any past and present use of violence (psychological, sexual, verbal, and physical).
3. be no more than 5 minutes late for group. If late, I understand I will not be allowed to stay for that session which will be considered an absence with payment due.
4. miss no more than three (3) group sessions and pay for the missed sessions. I understand that missing more than three (3) group sessions may result in being terminated from the program. I understand that I still must attend 24 groups to complete the program. And I understand that I must notify my facilitator if unable to attend a session by calling (806) 342-2513 and leave a message if the facilitator is not in.
5. regularly participate in group including sharing experiences, insights and feelings as related to my past or present use of violence, as well as role-playing and homework.
6. know my fee and pay with cash or money order each week for each group I am scheduled to attend whether I am there or not. This fee also applies to orientation sessions.
7. follow through on referrals made by my BIPP facilitator for other evaluations or treatment (e.g. chemical abuse or counseling).
8. comply with any provisions of a court order, including child support. I also agree not to engage in any criminal behavior.
9. to comply with court order concerning the use of alcohol and not use alcohol the day of group which could result in termination from the program or an absence.
10. to always use my (ex)partner’s name. Slang terms will not be allowed.
11. to avoid side talking in group. Disruptions could mean being asked to leave group for the evening.

I understand that not meeting the above expectations and/or violating any of the above rules and guidelines could result in termination from the program. If appropriate, referral to other services may be offered. I understand that, if terminated, I must wait 30 days before being considered for reentry into the program AND must begin at Week 1 and a reentry orientation may be required. Entry into the program after a second termination will not be allowed. I also understand that my referring agent determines any reentry into the program.

_________________________          ________________________
Signature                        Date
FIREARMS and KNIVES

We REQUIRE that all firearms be removed from your home by the time you enter the group program, and that they remain outside the home until completion of the program as a safety precaution. Firearms and knives are not permitted in this facility. My signature below indicates that I will comply with this requirement.

_________________________  ________________________
Signature                  Date

WHAT YOU CAN EXPECT FROM US

1. Respect your dignity and confidentiality as defined in this document, and to give you a copy of this document for your records.
2. Be honest with you in all aspects of your work here.
3. Provide you with referrals/recommendations in response to additional needs you may have that we are unable to help you meet.

CONFIDENTIALITY

Confidentiality means keeping private your identity and the information you share with your counselor and other group members. On occasion, other Family Support Services employees or interns will have access to your file for agency teaching, supervision, research, and administrative purposes. Interns or agency staff will also, on occasion, observe group. Furthermore, your records may also be accessed by auditors from outside this agency. Any person observing group or your file is required to sign a statement which requires them to respect your confidentiality.

EXCEPTIONS TO CONFIDENTIALITY

1. Your records could be subpoenaed by a court of law.
2. We must report perceived threats of potential imminent physical injury, suicide or homicide (We will contact the police and/or the potential victim in every case where we have reason to fear for the safety of yourself or someone else).
3. We must report suspected neglect or abuse of children, the disabled or the elderly (We are required by law to notify the appropriate protective service (DFPS). We encourage you to report any incidents personally).
4. We must send reports to referring agents from the legal system (e.g., judge, district or county attorney, probation officer, or child protective services caseworker).
5. We will attempt to notify your wife/partner when you complete the program or if you are terminated. An attempt will also be made to contact your wife/partner when you begin the program in order to provide information about services available to her.

You may refuse to disclose any information you are not comfortable disclosing unless it is important to your program. However, you will be required to discuss past and present use of violence, specifically describing any emotional, verbal, physical, or sexual abuse.

You have the right to look at or obtain access to anything in your file.

_________________________  ________________________
Signature                  Date
Assessment
(Intake)
# ADULT VIOLENCE INTERVENTION PROGRAM - DV ASSESSMENT

## CLIENT INFORMATION FORM

**Today’s Date:** ___/___/___

**Check how you came to the Family Crisis Center:**
- Voluntary: ___
- Protective Order: ___
- Probation: ___
- Other (Explain): ____________________________

**Full Name:** ____________________________
**SSN:** ____________________________
**Age:** ___________

**Date of Birth:** _____/_____/____
**Hm Phone:** ____________
**Wk/Other Phone:** ____________

**Mailing Address:** ____________________________
**City:** ____________________________
**State:** _____
**Zip:** _______

**Race:**
- Anglo: ___
- African American: ___
- Native American: ___
- Asian American: ___
- Hispanic: ___
- Other:____

**Employed:**
- Yes: ___
- No: ___
**Employer:** ________________

**Income per year**
- Under $7,000
- $7,001-$10,000
- $10,001-$20,000
- $20,001-$30,000
- $30,001-$40,000
- Over $40,000

**Do you have any specific learning needs that we should be aware of?** __________

**Is CPS involved in this case?** Y or N  **If yes, caseworker’s name**

**Are you on probation/parole?** Y or N  **If yes, P officer’s name**

**Fill out this section if police were involved in the case that brought you here:**
- Were you arrested? Yes: ___ No: ___
- Date: ___/___/___
- Charge: ____________________________
- Results: Convicted: ___
- Case Pending: ___
- Charges Dropped: ___
- Deferred: ___

- **Sentencing Judge/DA:** ____________________________
- Sentence: Days in Jail: ___
- Months Probation: ___
- Charged with: Felony ___
- Misdemeanor___

- **Are you related to the victim (s)?** Y or N  **If “Yes”, how are you related:** ____________________________

- **Is the victim male or female?** M or F  **How was the victim (s) harmed as a result of the offense?**

- **Were you using drugs or alcohol at the time of the offense?** Y or N

- **Were you ordered to a chemical dependency treatment program or evaluation?** Y or N

**Fill out this section if you have been involved in a domestic violence incident:**
- **Victim:** ____________________________
- **Birthdate:** ___/___/___
- **Hm Phone:** __________
- **Address:** ____________________________
- **City:** ____________________________
- **St:** _______
- **Zip:** _______
- **Wk Phone:** __________

- **How long have you been involved in this relationship:**
- **Best Time to Contact:**

- **Do you currently live together?** Y or N  **Are there children living in the home?** Y or N

- **If yes, how many?**
  - Female children under 18: ___
  - Male children under 18: ___

- **How many times have police been called to your home because of family disputes?**

**Fill out this section if you have an ORDER FOR PROTECTION issued against you:**
- **Date of Order:** ___/___/___
- **Length of Order:**
- **Conditions of the order:**
  - Family Crisis Center
  - Excluded from the residence
  - No contact with victim
  - Other conditions ____________________________
CHEMICAL USE HISTORY:

1. Are you currently taking any prescription medication? Y or N What are you taking and for what reason?

2. How often do you use alcohol or other drugs?

3. What do you use?

4. Have you been through a Chemical Dependency Treatment? Y or N Where? ________________ When? ________________ Did you complete the program? Y or N ________________

5. Are you currently in a 12-step program (AA or NA)? Y or N If so, where? ________________ How long have you been sober/drug free? ________________

6. Have you had legal consequences as a result of your drug/alcohol use? Y or N If yes, describe?

7. How did/does your drug/alcohol use affect your life?

LEGAL HISTORY:

1. Have you ever been arrested? Y or N How many times and what were the offenses?

2. Have you ever served time in jail, workhouse or prison? Y or N If yes, how much time have you spent?

3. What is the worst incident of violence that you have committed?

4. Give a summary of the incident that brought you to this program? Be specific about what happened.

PHYSICAL AND MENTAL HEALTH:

1. Have you had a serious illness in the past 12 months? Y or N If yes, explain.
2. Have you ever suffered a head injury or lost consciousness, for example from a car wreck, fight or sporting accident? **Y or N** Were you diagnosed with a brain injury? **Y or N** Have you ever had any seizure activity or blackouts? **Y or N** If yes to any of the above, explain:

3. Have you ever seen a counselor or therapist? **Y or N** If yes, explain.

4. Put a check mark by any of the following experiences you have had over the past 12 months:

- _____ Trouble sleeping
- _____ Lack of appetite
- _____ Headaches
- _____ Dizziness
- _____ Memory problems
- _____ Lack of energy
- _____ Hyperactivity
- _____ Difficulty breathing
- _____ Serious anxiety
- _____ Depression
- _____ Temper outbursts
- _____ Mood swings
- _____ Hearing voices
- _____ Thoughts of hurting others
- _____ Thoughts of hurting yourself

5. Have you ever threatened or attempted suicide? **Y or N** If yes, when was the last threat? **Explanation:**

6. Have you ever been involved in an anger/abuse class before this? **Y or N** If yes, where?

**FAMILY OF ORIGIN:**

1. Was physical violence part of your parents’/guardians’ relationship? **Y or N** If yes, describe.

2. Were you physically abused by anyone in your family? **Y or N** If yes, describe.

3. Were you verbally or emotionally abused in your family? **Y or N** If yes, describe.

4. Were you sexually mistreated while growing up? **Y or N** If yes, describe.

**RELATIONSHIP HISTORY:**

1. Describe your most violent incident toward your current partner? **Be specific.**

2. Describe the last incident of abuse, physical, emotional or verbal, toward your partner? **Be specific.**
3. Has your partner ever received medical treatment as a result of the violence? **Y or N** If yes, **describe**.

4. Has your partner needed medical treatment but didn’t get any? **Y or N** **Why**?

5. The following is a list of behaviors. Try to remember how frequently each behavior has occurred in your relationship.

<table>
<thead>
<tr>
<th>0 – Never</th>
<th>1 – Once or twice</th>
<th>2 – Sometimes</th>
<th>3 – Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomp out in the middle of an argument</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scream at your partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insult your partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pout or withdraw affection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interrupt your partner’s sleeping or eating</td>
<td></td>
<td></td>
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<tr>
<td>Say your partner could not leave the house or spend time with other people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accuse your partner of flirting or cheating on you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threatened to leave your partner, withhold money, take the children away, or have an affair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threaten to hit your partner or throw something at her</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Throw, hit, kick, or destroy property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive recklessly to frighten your partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spit at your partner or pull her hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burn your partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Push, shove, grab, or throw her</td>
<td></td>
<td></td>
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<tr>
<td>Slap your partner with an open hand</td>
<td></td>
<td></td>
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<tr>
<td>Bite your partner or scratch her</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twist her legs or arms</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hit her with something</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Force her to do something she did not want to do</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure your partner to have sex with you</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physically force your partner to have sex or to perform sexual acts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punch her with your fist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kick your partner</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Strangle/Choke your partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threaten your partner with a knife, gun, or other weapon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a weapon against your partner</td>
<td></td>
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</tr>
</tbody>
</table>

6. Have you been abusive to a partner/spouse in any past relationships? **Y or N** If yes, **describe**.
EFFECTS ON THE CHILDREN IN THE HOUSEHOLD

1. Do you have children?  Yes  No  If yes, please list their names and ages.

2. Have you ever been investigated by Child Protective Services in the past?  Y or N  If yes, describe.

3. Have the children in your household ever seen you be violent?  Y or N  Describe their reaction:

4. How do you think your violence might affect children in your household?  Examples include:
   - Tried to stop the violence
   - Hiding or running away
   - Acting violent
   - Frightened by the violence
   - Other signs ________________________

5. How do you discipline your children?

OTHER VIOLENCE IN YOUR LIFE

As an adult, have you been physically violent to any of the following?

   _____ Parents           _____ Friends           _____ In-Laws           _____ Strangers
   _____ Siblings          _____ Children

CLIENT’S RIGHTS

The Family Crisis Center will:
   Provide services in a manner that the client can understand.
   Provide a copy of all written agreements.
   Notify the client of changes in group time and schedules.
   Not discriminate.
   Report progress of the client to the referral source if applicable.
   Report progress to the client regularly.
   Provide services with dignity and respect.

I have read and understand my rights of this agency.

_________________________________________  ________________________
Signature of client                       Date
Recommendations:

_____ Accepted into program    _____ Referred to other sources.  **If checked to what sources:**

___________________________________________________________________________________________

_____ Rejected.  **If checked, why state client was rejected:**

☐ Multiple problems/not appropriate for group    ☐ Extreme denial/resistance-may be disruptive

☐ Other reason(s) ___________________________________________________________________________

Rate Client’s attitude:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>Completely blames others for the use of violence</td>
<td>Knows violence is wrong but unconvincd the program is needed.</td>
<td>Takes full responsibility for behavior</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Summary of police/probation report:
# Violence Intervention Program

## Registration Information

### Tell us about yourself

*Please print and complete all items* ☺

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate Phone:</th>
<th>Date of Birth:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>How old are you?</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Are you still in a relationship with the person you assaulted? ☐ Yes ☐ No

Have you ever thought of hurting or killing yourself? ☐ Yes ☐ No

If so, when? __________________

Have you ever thought of hurting or killing someone else? ☐ Yes ☐ No

If so, when? ________________

How do you describe your ethnic background? ☐ White (not Hispanic) ☐ Black ☐ Hispanic

Please mark only one.

☐ American Indian, Alaskan Native

☐ Asian, Pacific Islander

☐ Other: ______________________

What was the last grade of school you completed? (In USA)

☐ Less than high school (0 – 8 years)

☐ Some high school (9 – 12, but did not complete 12th grade)

☐ High school graduate or GED

☐ Attended a vocational, trade, or business school after high school

☐ College less than 2 years

☐ College Associates degree

☐ College two years or more, no degree

☐ College Bachelor degree

☐ College post graduate classes with no degree

☐ Graduate or professional school: MA, MS, PhD, EdD, PsyD, MD, JD

What is your annual household income?

☐ $5,000 or less

☐ $5,001 - $9,999

☐ $10,000 - $14,999

☐ $15,000 - $24,999

☐ $25,000 - $34,999

☐ $35,000 - $44,999

☐ $50,000 +
How long have you been married or in an intimate relationship? ____________________

Do you have children? □ Yes □ No If yes, tell us about them:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Does this child live with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<td></td>
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<td>□ Yes □ No</td>
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<td></td>
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<td>□ Yes □ No</td>
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<td></td>
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<td>□ Yes □ No</td>
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<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Are you taking any medication? □ Yes □ No If yes, what are you taking? ________

For what medical condition(s) are you taking the medication? ____________________

Do you have any significant health, drug, alcohol, or psychiatric concerns about yourself? □ Yes □ No If yes, please explain:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Was there alcohol and/or drug abuse in the home while you were growing up? □ Yes □ No

What is the word that best describes you? ____________________

---

**Personal Violence History**

Part 1: The following questions are about your life as an adult

Have you ever been to counseling or psychotherapy before now? □ No □ Yes

If yes, please answer the following:

When? ____________________

Where? ____________________

How long? ____________________

Reason? ____________________

□ Voluntary □ Court Mandated

What is the relationship between you and the person involved in the incident? Check only one.

□ Spouse □ Ex-spouse □ Girlfriend (not live in) □ Father □ Other relative □ Live-in partner □ Common-law partner □ Mother □ Child

How soon after you met did the physical violence begin? ____________________
How do you define violence?
__________________________________________________________________
__________________________________________________________________
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Have you ever been arrested in the past for assaults? □ No □ Yes
If yes, when and what kind of assault?
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Have you ever been found guilty in a court of law? □ No □ Yes
If yes, what were the convictions for and what happened to you?
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Part 2: The following questions refer to all of your relationships.
When was the first time you used physical force (for example, push, punch, kick, slap, restrain, pull hair, and so on) against a woman? ________________
Who was she? ______________________________________________________
How did you feel afterwards?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
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__________________________________________________________________

When was the worst incidence of violence (physical, sexual, and/or verbal) you used against a woman? ________________
Who was she? ______________________________________________________
What did you do?
__________________________________________________________________
__________________________________________________________________
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How did you feel afterwards?
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Have you ever tried to control your violence in the past? □ No □ Yes
If yes, please explain:
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What do you think you can do to stop being violent towards your partner or the children?
__________________________________________________________________
__________________________________________________________________
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__________________________________________________________________
Have any of your partners sustained any of the following as a result of your acts of violence?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knocked out</td>
<td>☐</td>
<td>☐</td>
<td>Scratches</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choked unconscious</td>
<td>☐</td>
<td>☐</td>
<td>Bruises</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td>☐</td>
<td>☐</td>
<td>Swelling</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wounds from firearms</td>
<td>☐</td>
<td>☐</td>
<td>Black eye</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken nose</td>
<td>☐</td>
<td>☐</td>
<td>Needed medical attention</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken bones</td>
<td>☐</td>
<td>☐</td>
<td>Needed surgery</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Have you ever done any of the following in your relationships? (check one for each item)

<table>
<thead>
<tr>
<th></th>
<th>Threatened to do it</th>
<th>Did it at least once</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slap</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Grab</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Punch</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Kick</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Push</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Choke</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bite</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pull hair</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Twist arm</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pin to ground or wall</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hold against her will</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hit with an object</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Beat up</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use gun</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use knife</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use other weapon, which?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Break things</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Throw things</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Break down door</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Throw food</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Harm or neglect pet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Be verbally abusive</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sexually abuse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Show intense jealousy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Force to have sexual intercourse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Force to have sex with other people</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hurt her children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Harm or neglect pet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Control what she does</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Part 3: To the best of your ability, we want you to recall the incident (when any abusive or violent acts took place) that resulted in your coming to see us.

What was happening that lead up to the situation? (describe the situation)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When did this occur (how long ago)? _______________________________

Why do you think your anger escalated?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there any weapons involved? (household objects would apply) □ No □ Yes

If yes, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there any injuries? □ No □ Yes

If yes, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Did you or your partner use alcohol or other drugs prior to or during this incident?
□ No □ Yes

If yes, who was using, what was used, how much was used, and how long was it used?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Was there any outside intervention during this episode? Did someone try to stop it (children, friends, neighbors, and so on)? □ No □ Yes

If yes, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there children involved or did they observe this incident? □ No □ Yes

Where were they and what did they do?

________________________________________________________________________
________________________________________________________________________
Were the police called?  □ No  □ Yes

If yes, what happened when they arrived?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
## Client Information

### A. Identifying Information
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Gender:**
  - Male
  - Female
- **Date of Birth:**
- **Age:**
- **Home phone #:**
- **Cell or other phone #:**

### B. Personal
- What do you hope to get from this experience?

What do you want from us during your time in the program? (check all that apply)
- [ ] flexibility
- [ ] new information
- [ ] compassion
- [ ] confidentiality
- [ ] relaxation
- [ ] non-judgment
- [ ] respect
- [ ] humor
- [ ] understanding
- [ ] talking
- [ ] direct & honest communication
- [ ] tools for how to get along with others better
- Anything else?

### C. Referral Source
- **County in which incident occurred:**
- Who referred you to Resolution Counseling?
  - [ ] Personal Bond
  - [ ] Attorney
  - [ ] 2-year Protective Order
  - [ ] Judge or Court
  - [ ] My partner
  - [ ] Therapist
  - [ ] CPS
  - [ ] Clergy
- Do you report to:
  - [ ] Travis Probation
  - [ ] North
  - [ ] South
  - [ ] Williamson Probation
  - [ ] RR
  - [ ] Georgetown
  - [ ] Federal Probation -- 903 San Jacinto Blvd.
- **Probation Officer:**
- **Parole Officer:**
- **Deferred Adjudication:**
  - > if so, who is supervising your case?
- [ ] Deferred Prosecution
- [ ] Volunteer
- [ ] Other:
**D. What brought you here today?**

<table>
<thead>
<tr>
<th>Date of incident: ____________________</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person involved in incident:</td>
<td></td>
</tr>
<tr>
<td>Relationship to you:</td>
<td></td>
</tr>
<tr>
<td>Give a brief description of the referring incident. Include use of objects or weapons.</td>
<td></td>
</tr>
<tr>
<td>Did you use a weapon?</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Were you under the influence of alcohol or drugs?</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Were children present?</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Did anyone require medical treatment?</td>
<td>Me [ ] Partner [ ] Child [ ] other: [ ]</td>
</tr>
<tr>
<td>Did you choke or strangle your partner?</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

**E. Partner or Ex-Partner**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home or Cell number:</td>
<td></td>
</tr>
<tr>
<td>How long have you known your partner or ex-partner?</td>
<td></td>
</tr>
</tbody>
</table>

**F. Current Living Situation**

- [ ] Live with partner
- [ ] Not living together but see regularly
- [ ] See partner occasionally or seldom
- [ ] Phone contact only
- [ ] Do not have contact with partner
- [ ] Live by myself
- [ ] Live with relative(s), friend(s)
G. **Relationship Status & History**

Currently:
- [ ] Married  How long? _________
- [ ] Separated  How long? _________
- [ ] Divorced  How long? _________
- [ ] Cohabitating  How long? _________
- [ ] Engaged  How long? _________
- [ ] Not together anymore
- [ ] Never married  [ ] Widowed

Have been married ________ times.

What do you do for fun or relaxation (by yourself, with your partner, or as a family):

---

H. **Children**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many are living with you?

In what ways do you discipline your child(ren)?

Have you ever lost control while disciplining your child(ren)?  [ ] Yes  [ ] No

If yes, please describe:

---

Have you ever hurt your child(ren) even if you didn’t mean to?  [ ] Yes  [ ] No

If yes, please describe:

---

Have you ever been reported to C.P.S. for child abuse?  [ ] Yes  [ ] No

If yes, please describe:
### I. Family of Origin

Check the behaviors that you know of between your parents or step-parents:

- [ ] Physical Abuse
- [ ] Verbal Abuse
- [ ] Emotional Abuse
- [ ] No Abuse

Did you experience any of the following from your caregivers as a child?

- [ ] Physical abuse
- [ ] Emotional abuse
- [ ] Verbal abuse
- [ ] Beatings
- [ ] Sexual abuse
- [ ] Unwanted sexual touch
- [ ] Lectures
- [ ] Was not disciplined
- [ ] Grounding
- [ ] Received talks
- [ ] Name calling
- [ ] Put downs
- [ ] Spankings
- [ ] None of these

Did you spend any time in the foster care system prior to the age of 18?

- [ ] Yes
- [ ] No

### J. Legal History

Is this your first arrest for domestic violence?

- [ ] Yes
- [ ] No

If no, when were you arrested before?

- [ ] Same or [ ] different partner(s)?

Have you been arrested for anything else?

<table>
<thead>
<tr>
<th>Charge(s)</th>
<th>Year(s) of arrest(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have there been any incidents of violence since the arrest?

- [ ] Yes
- [ ] No

Has a partner ever filed a protective order against you?

- [ ] Yes
- [ ] No

Have you ever been charged with stalking your partner?

- [ ] Yes
- [ ] No

### K. Health

Please check any of these that you experience:

- [ ] Anxiety, serious stress
- [ ] Obsessive thoughts or compulsive behaviors
- [ ] Outbursts of anger
- [ ] Sleep difficulties (describe):
  
- [ ] Change in appetite
- [ ] Seeing things
- [ ] Persistent feelings of depression
- [ ] Difficulty concentrating
- [ ] Hearing voices
- [ ] Intense fear
  (of what?):
- [ ] Other:

---

Battering Intervention Prevention Programs: Sample Forms 31
Have you ever tried to hurt yourself?  □ Yes  □ No  
If yes, how many times?__________________  
When was the most recent time?______________  
Are you currently having thoughts about hurting or killing yourself?  □ Yes  □ No  
Have you ever been admitted to a psychiatric hospital?  □ Yes  □ No  
If yes, when and for how long?  
Do you own any weapons?  □ Yes  □ No  
Have you ever threatened or fantasized about killing someone else?  □ Yes  □ No  
Have you ever thought you had a problem with alcohol?  □ Yes  □ No  
Have you ever received drug or alcohol counseling?  □ Yes  □ No  
When and where?  
How often do you use the following:  
0=never, 1=Once, 2=Occasionally, 3=Weekly, 4=Daily  
□ Cigarettes □ Beer □ Wine □ Liquor □ Marijuana □ Cocaine □ Caffeine □ Uppers □ Downers □ Hallucinogens □ Inhalants □ Crack Cocaine  
Are you under a doctor’s care for any illness or condition?  □ Yes  □ No  
If yes, what?  
Are you taking any prescribed medications?  □ Yes  □ No  
If yes, please list:  
1. __________________________ for:  
2. __________________________ for:  
3. __________________________ for:  
Have you had any serious injuries, illnesses or surgeries at any time in your life?  □ Yes  □ No  
If yes, please describe:  
Have you ever had a serious head injury?  □ Yes  □ No  
If yes, please describe:
### L. Employment
- [ ] Currently employed
- [ ] Unemployed

For how long?

### M. Income
What is your estimated annual income?

- [ ] less than $16,000
- [ ] $16,001 – $26,000
- [ ] $26,001 – $36,000
- [ ] $36,001 -- $46,000
- [ ] $46,001 – $56,000
- [ ] $56,001 – $66,000
- [ ] $66,001 -- $76,000
- [ ] $76,001 -- $86,000
- [ ] $86,001 -- $96,000
- [ ] $96,001 -- $106,000
- [ ] $106,001 -- $116,000
- [ ] $116,001 – $126,000
- [ ] over $126,000

### N. Resources
Are you homeless? [ ] Yes [ ] No
Do you receive TANF? [ ] Yes [ ] No
Do you receive Foodstamps? [ ] Yes [ ] No
Do you have a disability? [ ] Yes [ ] No
Do you have any source of income other than employment? [ ] Yes [ ] No

### O. Partner Response
PRIOR to this incident, has your partner ever:
- [ ] Gone to a domestic violence shelter?
- [ ] Filed for an Order of Protection?
- [ ] Threatened to leave you or divorce you?
- [ ] Sought legal/police assistance for a conflict?
- [ ] Pressed criminal charges?
- [ ] Sought counseling or other victim services?
- [ ] Other:

### P. Religion – Optional
Do you have a religious or spiritual preference?
- [ ] Yes _____________________
- [ ] No

---

---
**Q. Goals**

When you complete the program, what will be different in your life? (check all that apply)

- [ ] more hope
- [ ] patience
- [ ] calmness
- [ ] contentedness
- [ ] more positive thoughts
- [ ] more laughter
- [ ] good control of emotions
- [ ] better sleep
- [ ] more easy going
- [ ] better able to talk things out
- [ ] more trusting
- [ ] more quality time with partner
- [ ] more quality time with children
- [ ] respectful communication
- [ ] balanced
- [ ] more acceptance
- [ ] making good decisions
- [ ] more forgiving
- [ ] more understanding

What is one thing you **don’t** want to change about yourself?

What is one thing you will be **doing** differently when you finish the program?

UPDATED PERSONAL INFORMATION FORM

DATE: __________________________  LOCATION: ________________________________________

Print Name: ________________________________________________________________

Street Address: ______________________________________________________________

City: ___________________________  DL#  ____________________________

Home Phone: ________________  Work: ________________  Cell: __________

DOB: ________________  AGE: ____________  □ Male  □ Female

□ Caucasian/White  □ African American/Black

□ Asian  □ Latino/Hispanic

□ Other: __________________________

Reason for Attending BIPP Class:

□ Probation

□ Parole

□ Pre-Sentence Court Order/Court: ________________________________

□ Referred By: ________________________________________________

□ Self Admittance

□ Other: _______________________________________________________

Parole/Probation Officer’s Name and County:

(Print) ________________________________________________________________

Signature: ___________________________________________________________

□ Intake  □ Update
Assessment
Tools
The Attitudes Toward Males in Society Scale

The statements below describe attitudes toward the role of men in society which different people have. There are no right or wrong answers, only opinions. You are to express your feelings about each statement, circling your response.

Men are naturally better drivers than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men are naturally better able to control their feelings than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men are naturally more mechanical than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men generally are more knowledgeable about current events and therefore have "more important things to say" at social gatherings than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Because men are strong and women are weak, it is only right that this is a man's world.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men can handle pressure situations better than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

It's common sense that men are naturally more worldly wise than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men are more likely than women to be skilled in occupations that call for competitive and logical abilities.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

It's a fact that most men are more interesting to listen to than most women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men are more skilled in athletics than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

On the average men should be considered as more capable of contributing to the country's economic stability than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men are inclined by nature to be more truthful and direct than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

It's only natural that men are more interested in sports than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly

Men are more decisive in crisis situations than women.

1 - agree strongly  2 - agree mildly  3 - disagree mildly  4 - disagree strongly


Battering Intervention Prevention Programs: Sample Forms  37
The Family Place Battering Intervention and Prevention Program

Conflict Skills Survey

Please use the following scale to rate how you functioned during conflicts before you started BIPP and how you function now that you have completed the program:

1= Never  2= Rarely  3= Sometimes  4= Often

DURING A CONFLICT, how often did/do you…

<table>
<thead>
<tr>
<th></th>
<th>Before BIPP</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss the issue calmly?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>2. Talk through a disagreement?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>3. Identify and express your feelings in a constructive manner?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>4. Pay attention to your self-talk?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>5. Think about the consequences of your actions?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>6. Think about the impact of your behavior on your partner?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>7. Think before you speak or act?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>8. Make non-abusive choices?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Using the same scale, please rate how you function in general before you started the program and how you function now that you have completed the program:

IN GENERAL, how often did/do you…

<table>
<thead>
<tr>
<th></th>
<th>Before BIPP</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Feel safe, secure and emotionally stable?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>10. Feel able to take care of your own needs?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>11. Feel good about yourself?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>12. Think that you have options and resources?</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Additional comments about the program and/or how we could improve:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
INTAKE ABI

Name: _______________________________  Date: __________________________________

Here is a list of behaviors that many women report have been used by their partners or former partners. We would like you to estimate how often these behaviors occurred during the 6 months before you began this program.

Circle a letter from the list below for each item to show your closest estimate of how often the behavior happened in your relationship with your partner or former partner during the 6 months before you began the program.

<table>
<thead>
<tr>
<th>Partner’s Name: _______________________________</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Very Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Called her a name and/or criticized her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>2. Tried to keep her from doing something she wanted to do (example: going out with friends, going to meetings).</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>3. Gave her angry stares or looks.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>4. Prevented her from having money for her own use.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>5. Ended a discussion with her and made the decision yourself.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>6. Threatened to hit or throw something at her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>7. Pushed, grabbed or shoved her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>8. Put down her family and friends.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>9. Accused her of paying too much attention to someone or something else.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>10. Put her on an allowance.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>11. Used the children to threaten her (example: told her that she would lose custody or said you would leave town with the children).</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>12. Became very upset with her because dinner, housework, or laundry was not ready when you wanted it or done the way you thought it should be.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>13. Said things to scare her (example: told her something ‘bad’ would happen or threatened to commit suicide).</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>14. Slapped, hit, or punched her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>15. Made her do something humiliating or degrading (example: made her beg for forgiveness or ask your permission to use the car or do something).</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>16. Checked up on her (example: listened to her phone calls, checked the mileage on her car, called her repeatedly at work).</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>17. Drove recklessly when she was in the car.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>18. Pressured her to have sex in a way that she didn’t like or want.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>19. Refused to housework or child care.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>20. Threatened her with a knife, gun, or other weapon.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>21. Told her she was a bad parent.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>22. Stopped her, or tried to stop her from going to work or school.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>23. Threw, hit, kicked, or smashed something.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>24. Kicked her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>25. Physically forced her to have sex.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>26. Threw her around.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>27. Physically attacked the sexual parts of her body.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>28. Choked or strangled her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
<tr>
<td>29. Used a knife, gun, or other weapon against her.</td>
<td>N</td>
<td>R</td>
<td>O</td>
<td>F</td>
<td>V</td>
</tr>
</tbody>
</table>

For Office Use Only

<table>
<thead>
<tr>
<th>Phys</th>
<th>Psyc</th>
</tr>
</thead>
</table>

Battering Intervention Prevention Programs: Sample Forms  39
Have you ever done any of the following in your relationships? (check one for each item)

<table>
<thead>
<tr>
<th>Action</th>
<th>Threatened to do it</th>
<th>Did it at least once</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slap</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Grab</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Punch</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Kick</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Push</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Choke</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Bite</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pull hair</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Twist arm</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pin to ground or wall</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hold against her will</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hit with an object</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Beat up</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Use gun</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Use knife</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Use other weapon, which?___</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Break things</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Throw things</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Break down door</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Throw food</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Harm or neglect pet</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Be verbally abusive</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Sexually abuse</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Show intense jealousy</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Force to have sexual intercourse</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Force to have sex with other people</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hurt her children</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Harm or neglect pet</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Control what she does</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Were any of the women pregnant when you did any of the above acts? □ No □ Yes
### VIP Registration Checklist

**Date:**

**Client #:**

**Name:**

**SUBSTANCE ABUSE SCREENING:**

<table>
<thead>
<tr>
<th>CAGE: If two positive responses are made use RAPS, below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**RAPS**

| □ Yes □ No | Do you sometimes take a drink in the morning when you first get up? |
| □ Yes □ No | During the past year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? |
| □ Yes □ No | During the past year, have you had a feeling of guilt or remorse after drinking? |
| □ Yes □ No | During the past year, have you failed to do what was normally expected of you because of drinking? |
| □ Yes □ No | During the past year, have you lost friends or girlfriends or boyfriends because of drinking? |

**INDIVIDUALIZED PLAN:**

- □ Attend 20 week VIP

  Alcohol/drug referral: If at least two positive responses are made to the CAGE and at least one positive response is made to the RAPS make referral to SAIP and send letter to referral source. Place a copy of the referral letter in the participant’s file. Inform the participant that his participation in SAIP is encouraged but is **not** required to continue in VIP.

- □ Mental health referral. If a mental health referral is needed please make a referral to at least three different providers. List the names of the referrals here and place copies of the referral form in the participant’s file.
  1. 
  2. 
  3. 

- □ Individual meetings prior to starting group meetings?

- □ Other:
HILL COUNTRY CARES
Battering Intervention & Prevention Program (BIPP)

PARENT/CHILD RELATIONSHIP ASSESSMENT

Client Name: _______________________________  Date: ______

1. Are your children living in your home with you?  ☐ Yes  ☐ No
2. If yes, what is the age and your relationship to each child?
   Age: ______  Relationship: ________________
   Age: ______  Relationship: ________________
   Age: ______  Relationship: ________________
   Age: ______  Relationship: ________________
   Age: ______  Relationship: ________________
3. Describe your relationship with the child(ren).

4. How do you discipline your child(ren)?

5. Has anyone ever told you that you discipline the child(ren) too harshly?
   ☐ Yes  ☐ No  If yes, explain:
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

6. Have you ever lost control of yourself while disciplining or punishing your child(ren) even if you didn't mean to?  ☐ Yes  ☐ No  If yes, explain:
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

7. Have you ever been reported to CPS (Child Protective Services) for child abuse?  ☐ Yes  ☐ No  If yes, describe the circumstance surrounding the report of abuse:
   ____________________________________________
   ____________________________________________

8. Were you ever abused or punished severely by your parents or other family members?  ☐ Yes  ☐ No  If yes, explain:
   ____________________________________________
   ____________________________________________
   ____________________________________________
Anger Styles Quiz

Name: ____________________________  Date: ____________________________

Circle One

1. I try never to get angry.  
   Circle: Yes No

2. I get really nervous when others are angry.  
   Circle: Yes No

3. I feel I’m doing something bad when I get angry.  
   Circle: Yes No

4. I tell people I’ll do what they want, but then I often forget.  
   Circle: Yes No

5. I say things like, “Yeah, but...” and “I’ll do it later.”  
   Circle: Yes No

6. People tell me I must be angry but I’m not sure why.  
   Circle: Yes No

7. I get jealous a lot, even when there is no reason.  
   Circle: Yes No

8. I don’t trust people very much.  
   Circle: Yes No

9. Sometimes it feels like people are out to get me.  
   Circle: Yes No

10. My anger comes on really fast.  
    Circle: Yes No

11. I act before I think when I get angry  
    Circle: Yes No

12. My anger goes away very quickly after I explode.  
    Circle: Yes No

13. I get very angry when people criticize me.  
    Circle: Yes No

14. People say I am easily hurt and oversensitive.  
    Circle: Yes No

15. I get angry when I feel bad about myself.  
    Circle: Yes No

16. I get mad in order to get what I want.  
    Circle: Yes No

17. I try to scare others with my anger.  
    Circle: Yes No

18. I can pretend to be very mad when I’m really okay.  
    Circle: Yes No

19. Sometimes I get angry just for the excitement or action.  
    Circle: Yes No

20. I like the strong feelings that come with my anger.  
    Circle: Yes No

21. My anger takes over and I go out of control.  
    Circle: Yes No

22. I seem to get angry all the time.  
    Circle: Yes No

23. I just can’t break the habit of getting angry a lot.  
    Circle: Yes No

24. I get mad without thinking – it just happens.  
    Circle: Yes No

25. I become very angry when I defend my beliefs and opinions.  
    Circle: Yes No

26. I feel outraged about what others try to get away with.  
    Circle: Yes No

27. I always know I’m right in an argument.  
    Circle: Yes No

28. I hang onto my anger for a long time.  
    Circle: Yes No

29. I have a hard time forgiving people.  
    Circle: Yes No

30. I hate people for what they’ve done to me.  
    Circle: Yes No
# Ways You May Have Hurt Your Partner

Name: ____________________________ Date: _____________

Partner’s Name: ________________________ Years Together: _____

## Have you ever:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Called her a name or made fun of her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ignored her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lied to her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Told her that she was a bad parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused to do housework or child care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made her ask permission to use personal property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accused her of paying too much attention to someone or something else</td>
<td></td>
<td></td>
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<tr>
<td>Made her beg for forgiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demanded to be waited upon by her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimidated her through your tone of voice, looks, or stares</td>
<td></td>
<td></td>
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<tr>
<td>Put down her family or friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put down her physical appearance or tried to change her appearance</td>
<td></td>
<td></td>
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<tr>
<td>Discounted and devalued her strengths, accomplishments, or goals</td>
<td></td>
<td></td>
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<tr>
<td>Told her that no one else would want her</td>
<td></td>
<td></td>
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<tr>
<td>Threatened often to leave her or divorce her</td>
<td></td>
<td></td>
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<tr>
<td>Harassed her about past relationships or accused her of cheating</td>
<td></td>
<td></td>
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<tr>
<td>Told her to shut up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put down or yelled at her in front of children</td>
<td></td>
<td></td>
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<tr>
<td>Punished her children when you were angry at her</td>
<td></td>
<td></td>
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<tr>
<td>Threatened to take her children or that she would lose custody</td>
<td></td>
<td></td>
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<tr>
<td>Said abuse did not happen or said she deserved it</td>
<td></td>
<td></td>
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<tr>
<td>Became very upset because dinner, housework, or laundry was not done</td>
<td></td>
<td></td>
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<tr>
<td>when you wanted it done or to your satisfaction</td>
<td></td>
<td></td>
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<tr>
<td>Humiliated her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevented her from leaving a room or her home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discouraged her from going to school, work, or other places</td>
<td></td>
<td></td>
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<tr>
<td>Prevented her from seeing family and/or friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listened to her phone calls, disabled her phone, or opened her mail</td>
<td></td>
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<tr>
<td>Followed her or had her followed</td>
<td></td>
<td></td>
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<tr>
<td>Checked mileage on her car or prevented her from driving</td>
<td></td>
<td></td>
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<tr>
<td>Phoned her repeatedly at work</td>
<td></td>
<td></td>
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<tr>
<td>Put her on a monetary allowance or made her ask or beg for money</td>
<td></td>
<td></td>
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<tr>
<td>Made her explain her whereabouts at all times</td>
<td></td>
<td></td>
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<tr>
<td>Insisted on final say (ignoring her opinion) in all decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Abuse</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Threatened to hit her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatened to throw objects at her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatened to kill her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Destroyed things (including personal property) in her presence or abused family pets</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hit walls or pounded your fist when angry at her</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Driven recklessly with her in the car</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatened to harm or kill her family or friends</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatened to harm or kill yourself</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hurt or mutilated yourself to scare her</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Bodily restrained or held her against her will</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Pushed, shoved, or thrown her around (into walls, furniture, floor, etc)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Slapped her or hit her with an open hand</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Hit her with a fist</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Scratched her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Pinched her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Pulled her hair</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Grabbed her or injured her by holding or squeezing too tightly</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Spit on her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Bit her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Kicked her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Burned her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Choked or tried to strangle her</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Hit her with an object or used a weapon against her</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Chased her with a car or tried to run her off the road, or hit her with a car</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Tried to poison her</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Physically hurt her while she was pregnant</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Made her use drugs or alcohol against her will</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Denied her the right to receive health care or take medication</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Controlled her food intake</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Told her about your sexual affairs with others</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Expected her to view pornography with you</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Called her negative sexual names (“frigid,” “whore,” etc.)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Forcely or pressured her to participate in sex against her will</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Made her feel guilty or pouted when she did not want to have sex</td>
<td>[ ]</td>
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</tr>
<tr>
<td>Pressured her into sexual activity that hurt her or made her feel ashamed</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Forced her to have sex in the presence of others</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Used threatening objects or weapons during sex</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Prevented her from using birth control or lied about your use of birth control</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Withheld information about being exposed to a sexually transmitted disease</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Physically attacked sexual parts of her body (breasts or genitals)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Is she afraid of you?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
INTERVIEW:

ANGER STYLES QUIZ

- 1 – 9 = passive aggressive/avoidant (7 -9 paranoia)
- 10 – 21 = explosive
- 22 – 30 = chronic resentment

- Many yeses – frequent problems with anger
- First section – avoid/anger passive style
- Second section – physical style
- Third section - sexual

Ask if there are any surprises or agreement with the results

WAYS YOU MAY HAVE HURT YOUR PARTNER: (Do together)

The answer is “Yes” if they have ever done the action

- First section = verbal
- Second section = isolation
- Third section = intimidation and threats
- Fourth section = verbal
- Last section = sexual
Limits of Confidentiality
LIMITATIONS TO CONFIDENTIALITY POLICY

SafeHaven of Tarrant County, Inc. provides confidential communication between clients, staff and/or volunteers. Communication is defined as any written or spoken information shared between clients, staff and/or volunteers in the course of service delivery or in the relationship between the client and the agency. The information that is exchanged is considered confidential and shall be kept as such by all staff and volunteers with the following exceptions:

1. Client communication revealing that he/she may be a danger to him/herself or to another person(s);
2. Disclosure of abuse, neglect or exploitation of a child, elderly or disabled person will be reported to the Texas Department of Family and Protective Services;
3. Disclosure of sexual contact with another mental health professional; and/or
4. Case records are subject to subpoena.

Communication disclosing any dangerous or potentially dangerous behavior toward self or others as mentioned above will be disclosed to the agency Administration and to the proper authorities.

CLIENT STATEMENT OF UNDERSTANDING

As a client of SafeHaven of Tarrant County, Inc, I have read the information above and I understand the limits to the Confidentiality Policy and the conditions under which information will be reported and not held confidential. I also agree that I will not hold SafeHaven of Tarrant County, Inc. liable in the event of injury or accident while receiving non-residential services at SafeHaven Counseling Center.

__________________________________________________________
Client Signature

__________________________________________________________
Date

__________________________________________________________
Staff Witness

__________________________________________________________
Date
Sworn Statement of Absence Of Victim Contact
SWORN STATEMENT

I, the undersigned, having been duly sworn by a Notary Public to tell the truth, do hereby state under oath as follows:

My name is ______________________________.

When registering for the Violence Intervention Program (VIP) of Family Violence Prevention Services, Inc., I did not provide the requested address and telephone number for a person or persons named as a victim, partner, or ex-partner in the registration paperwork.

I do not know the address, telephone number of such victim, partner, or ex-partner, whose name(s) is/are ____________________________ or how to contact such person(s). I have no way of getting such information.

___________________________________________
VIP Client (signature)

JURAT

SUBSCRIBED AND SWORN to before the undersigned Notary Public on

___________________________________________
Notary Public (signature above/stamp below)
BIPP

STATEMENT WITH ABSENCE OF VICTIM CONTACT INFORMATION

Indicate in your own words why you can not/will not provide contact information (including addresses, phone #’s, family contacts, etc.) with regard to the victim of your violence:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

When did you last have contact with this victim (month/year)_____________________

__________________________________________________________________________

Printed Name

__________________________________________________________________________

Signature Date
Consent for Release
Of Information
HILL COUNTRY CARES

Battering Intervention & Prevention Program (BIPP)

RELEASE OF INFORMATION

To whom it may concern:

I, ___________________________________________________________, agree to let any authorized representative of HCC to release/obtain any educational, social, psychological, or medical information on myself related to my admittance/attendance in the Battering Intervention and Prevention Program.

I also agree to allow any authorized representative of HCC Domestic Violence Program to contact my partner and/or any past partner for purposes of obtaining history of family violence and for monitoring the family situation.

____________________________________________________________________

Client Signature                               BIPP Representative Signature
____________________________________________________________________

Date
REQUEST FOR A RELEASE OF INFORMATION

I understand that information may be exchanged with the counseling/education/crisis/legal teams working with the Batterer’s Intervention and Prevention Program at Family Support Services:

1. Attendance, progress, and completion of program.
2. Any past or present use of violence or threats.
3. Reasons for termination of services.
4. Recommendations regarding mental health counseling or chemical dependency treatment and/or referrals.

And, hereby, give written consent for the request for and release of information concerning the above to the following individuals and agencies:

Potter/Randall County Probation Department
Amarillo Police Department
Potter County Attorney’s Office
47th District Attorney’s Office
Randall County Criminal District Attorney’s Office
Police Department and Referring Legal Entity in City and County of Arrest

Victim (current or former Wife/Partner)  Agency/Individual (other than listed above)
Name
Name
Address
Address
City, State  ZIP Code  City, State  ZIP Code
Phones: work/home  Phone
Partner contact is for the purpose of providing her information on services available to her and her children.

Further, I give permission to Family Support Services to obtain information concerning new assault charges from any law enforcement or legal entity for a period of three years after completion or termination from this program. I understand this information will be used only for compiling statistics for measuring success of the program.

Executed this ______ day of ___________________, ______

Participant (PRINT)  Participant (SIGNATURE)

BIPP Facilitator (SIGNATURE)
Authorization and Consent for Release of Information
Violence Intervention and Prevention Program

I hereby authorize Denton County Friends of the Family, Inc.

__________ to mutually disclose information, both written and verbal with

__________ to request information from

__________ to release information to

☐ Denton County Corrections and Supervision Department (Probation) /Assigned Officer
☐ Denton County District Attorney’s Office (Protective Order)
☐ Child Protective Services/Assigned Caseworker
☐ Court Appointed Special Advocates (CASA)/Assigned Caseworker
☐ Victim/Partner Name: __________________________________________________
☐ Other:(Name) ____________________________________________________________

concerning:

Victim/Partner Name: ____________________________________________________

☐ Denton County Corrections and Supervision Department (Probation) /Assigned Officer
☐ Denton County District Attorney’s Office (Protective Order)
☐ Child Protective Services/Assigned Caseworker
☐ Court Appointed Special Advocates (CASA)/Assigned Caseworker
☐ Victim/Partner Name: __________________________________________________
☐ Other:(Name) ____________________________________________________________

This information will be limited to:

__________ services, records, and reports
__________ attendance in program, level of participation in group
__________ information about program curriculum and agency services available
__________ evaluation reports
__________ psychological testing results
__________ other (specify)

Client name
Date of Birth
Agency ID

This information will be used for the following purposes:

__________ determining eligibility for benefits or programs
__________ planning and continuing appropriate treatment or program
__________ partner contact
__________ case review
__________ other (specify)

This release is valid beginning ___________________ and ending _____________________.

I may revoke this release at any time by writing on this form or separately.

• I understand my right to confidentiality. This release gives permission to share information about me only in the manner described above.
• I understand I have the right to refuse any services or any request for information. This release of information is voluntary.
• If I am signing as a parent or guardian of a minor, I understand the record released may contain references to myself and family.

I hereby grant permission for Denton County Friends of the Family to obtain and/or give information regarding the circumstances of the person named above.

Signature of Client
Date Signed
Parent/Guardian Signature (if applicable)

Signature of Person Informing Client of Rights
Date Signed

Please send information to the attention of _______________________________________

P.O. Box 640, Denton, TX 76202, fax ________________________, phone ____________________
Consent for Disclosure of Information for Court Agencies

I hereby authorize The Family Place to disclose records concerning,

________________________________________
to:

Name of Client

☐ Probation Officer

☐ Parole Officer

☐ Courts of Law

☐ Child Protective Services

I understand that such disclosure will be made for the purposes of information exchange, progress reports, coordination of services and referrals and facilitating victim safety.

Disclosure is limited to information regarding attendance, participation, information exchange, coordination of services and referrals & facilitating victim safety.

☐ I understand that I may revoke this consent at any time and that my request for revocation must be in writing. If not earlier revoked, this consent for disclosure of information shall expire 1 year after my completion of or termination from The Family Place Battering Intervention & Prevention Program.

☐ I understand my right to confidentiality. I further understand that this consent form gives The Family Place permission to share confidential information about me in the way described above.

☐ Release of information is voluntary, I understand I have a right to refuse The Family Place request for this disclosure.

________________________________________
Signature of Client

________________________________________
Date

________________________________________
Signature of Agency Representative

________________________________________
Date
The Family Place Battering Intervention & Prevention Program

Consent for Disclosure of Information for Partners

I hereby authorize The Family Place to disclose records concerning,  
________________________________________ to:

Name of Client

☐ Current Partner  ______________________________________  

Partner’s Name

☐ Former Partner  ______________________________________  

Partner’s Name

I understand that such disclosure will be made for the purposes of progress reports, referrals and facilitating victim safety.

Disclosure is limited to information regarding attendance, participation, information exchange and referrals for services.

☞ I understand that I may revoke this consent at any time and that my request for revocation must be in writing. If not earlier revoked, this consent for disclosure of information shall expire 1 year after my completion of or termination from The Family Place Battering Intervention & Prevention Program.

☞ I understand my right to confidentiality. I further understand that this consent form gives The Family Place permission to share confidential information about me in the way described above.

☞ Release of information is voluntary, I understand I have a right to refuse The Family Place request for this disclosure.

_________________________________  ______________________
Signature of Client  Date

_________________________________  ______________________
Signature of Agency Representative  Date
Consent to Notify Partner

Client name: ____________________________    Date of birth: __________

My signature authorizes the Resolution Counseling program of LifeWorks to provide notification of my participation to my partner/ex-partner/other party involved in the referring incident. I understand that said notification is a requirement of the Texas Council on Family Violence (TCFV) and is a condition of my participation.

__________________________________________
(Partner or other party involved)

Notification will be limited to the following information:

- My admittance to the Resolution Counseling program
- My exit from the Resolution Counseling program
- Safety Planning

I agree to keep Resolution Counseling staff informed of the name, address, and current phone number of anyone with whom I become involved during the program, and in so doing, consent to the notification. I understand that specific information disclosed in sessions is private and confidential and will not be shared with my partner unless Resolution Counseling staff has reason to believe I pose an imminent threat to that person’s safety.

_________________________    ________
Client signature date

__________________________________________
Resolution Counselor date
HILL COUNTRY CARES

Battering Intervention & Prevention Program (BIPP)

RELEASE OF INFORMATION

I understand that the staff of HCC/BIPP will keep confidential what I say and do in connection with my violent and controlling behaviors and my participation in a program to end these in accordance with the Statement of Confidentiality and its specific exceptions.

I understand that throughout the program, HCC/BIPP will contact the person to whom I have been abusive and any other persons with whom I am or have been involved for their descriptions of my violence, abuse and controlling behaviors. I will cooperate with this fully by furnishing below the correct names, addresses and phone numbers of past and present partners, as applicable. I will not attempt to influence what my partner or anyone else says about me.

Partner’s Name: ______________________________________________________________________

Address: ______________________________________________________________________________

City/State/Zip: __________________________________________________________________________

Telephone: Work: ____________________ Home: ____________________ Cell: ____________________

☐ I do not know the current address of this person.

I give permission for the HCC/BIPP to contact any person or agency to obtain information about me related to my violence, abuse and matters affecting my participation in the HCC/BIPP program. This could include probation/parole officers, therapists, appropriate military personnel or any Officer of the Court ___________________________________________________________________________________________________

________________________________________________________________________

Client Signature BIPP Representative Signature

________________________________________________________________________

Print Client’s Name Date
Entrance Notification to Victim/Partner and/or Referral
INTAKE NOTIFICATION

Date:____________________________

To Whom It May Concern:

This is to notify you that:

Name:_____________________________________(DOB)_____________

has attended an individual intake session for the Violence Intervention and Prevention Program at Denton County Friends of the Family on:

Date of intake:____________________________

Client has agreed to begin attending group sessions on:______________.

Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed:___________________________________

Agency Representative

Violence Intervention and Prevention Program

cc  ______Courts at law
     _____Probation
     _____Parole
     _____Other________________________
February 16, 2009

This is to inform you that ____ has enrolled in the Adult Violence Intervention Program (AVIP) at the Family Crisis Center. This group is a state approved battering intervention and prevention program. On his intake, he has listed your name as his partner and/or victim at the time of his domestic violence incident. We are required as part of the guidelines of the program to let you know that he has started this program. His group meets every Saturday@11:30am for 1½ hours. The goals of this program are for him to stop physical violence, to end all verbal and emotional abuse, and to gain information and skills to improve the quality of his relationships. Other guidelines for him to follow are listed below:

1) No physical violence during the duration of the program. Report any emotional violence.
2) Take responsibility for past actions; participate fully in the program and complete any assigned homework.
3) Participate in-group in a respectful, non-hostile manner.
4) Not be under the influence of drugs or alcohol when attending group.
5) Be in class on time and bring the workbook issued to them.
6) Attend 24 classes and he may not have more than 5 absences.
7) Submit payment of fees each week.
8) No couples or individual counseling until 24 weeks are completed.

Enrollment in these classes does not signify change in attitude or behavior. Change can only occur when he decides to take responsibility for his own thoughts, feelings, and behavior. Knowing that he is now getting intervention may bring up a lot of mixed feelings for you. Some of these feelings may include the hope that he will change, anger about past violence, or anger that he didn’t do this earlier. Attendance in or completion of these classes does not guarantee future non-violence.

He has been informed that you will be contacted that he has enrolled in the program and periodically while he is in the program. You also have the option to contact the AVIP program to give a history of his abuse as well assist in monitoring his progress. Our staff can be reached at the Bastrop office (512) 321-7760 at extension 217 or toll free at 888-311-7755 during business hours. Any information you disclose will not be shared with him for safety reasons.

The Family Crisis Center offers a wide variety of services. Most of these services are free to you. Please feel free to call the office number, toll free at 888-311-7755 or come by any of our offices if we can provide support or other assistance. You have the right to either arrange for services or not to contact us at all. This is completely up to you. OUR MAIN PRIORITY IS YOUR SAFETY.

Sincerely,
To:__________________________________
___________________________________
___________________________________

When a participant enters the Violence Intervention and Prevention Program at Friends of the Family, he/she must give consent for us to contact his/her partner/spouse. I am contacting you to offer information about the program as well as other services and support available for you at Friends of the Family.

(Name of participant)_____________________________________________ recently came into our office for an intake session.

He/she has been referred to:
_______Individual sessions beginning (date)______________________

_______the 27 week group program with one exit session beginning (date) _______: meetings are held on _____________ from _____to _____.
_______other:____________________________________

The agency phone is (940)387-5131 or Metro (972)219-2829. We may also be reached at P.O. Box 640, Denton, Texas 76202.

I am enclosing a brochure describing the services available for you at this agency and would be willing to discuss these with you at any time. Feel free to call the agency if you have any questions about these services.

Sincerely,

Representative, Violence Intervention and Prevention Program

Date:
Dismissal Notification
Letter
Monday, February 16, 2009

RE: Adult Violence Intervention Program

Dear, 

This is to notify you that ______ has decided not to attend the 24-week Adult Violence Intervention Program for men. He has missed the 1st class, which is a violation of the group agreement. Please let us know if we can be of support to you or if you have any questions for us. Please call our office in Bastrop at 512-321-7760 or 888-311-7755 if we can be of help to you or your family.

Sincerely,

AVIP Counselor
DISMISSAL NOTICE

Date:______________

To:____________________________________
_______________________________________
_______________________________________
You have been dismissed/suspended from further participation in:

____Men’s Group
____Individual Sessions

For the following reason:
____Excessive absences (cancellation and no-show)
____Disruptive behavior
____Suspended due to excessive balance (see comments)
____Other (specify)________________________________________

Additional comments:______________________________________
________________________________________________________
_______________________

Signed:____________________________________________
Agency Representative, Violence Intervention Program

cc: _____Probation office
_____Parole office
_____Courts at law
_____Partner/victim
Notification of Completion
To Victim/Partner
and/or Referral
CERTIFICATION OF PROGRAM COMPLETION

Date:____________________

To Whom It May Concern:

This is to certify that:
____________________________________(DOB____________) has satisfactorily completed the attendance requirements of the Violence Intervention and Prevention Program of Friends of the Family. This includes attendance in the orientation, intake and evaluation session(s), 27 group meetings, and an individual exit session.

All fees have been paid.

Signed: __________________________________
Agency Representative
Violence Intervention Program

cc ______ Courts at law
_______ Probation
_______ Partner
_______ Other
February 16, 2009

Dear ,

This is to inform you that ______________ completed the required number of sessions and all of the program requirements of the Family Crisis Center’s Adult Violence Intervention Program for Men on Saturday, March 15, 2008.

During his intake he had listed you as his victim and/or partner at the time of his intake. Our agency is required to let you know once he has completed the program. Completion of the program does not guarantee future non-violence, as that will be up to him and his future commitment. Part of his commitment has to include being completely accountable for his actions and not blaming others.

Please do not hesitate to contact our agency at 512-321-7760 or toll free at 888-311-7755 if the agency can be of assistance to you or your family or if you have any questions about our services. Most of the rest of our counseling services are free of charge to you and/or your children.

Sincerely,

AVIP Counselor
Progress Reports to Referral Source
This is to inform you that: _____________________________ has received credit for 6 of the 24 weeks needed to complete the Adult Violence Intervention Program. Clients choosing not to pay fees for the week do not receive credit for the class.

His progress in the program is as follows:
- □ Attendance has been consistent
- □ Attendance needs improvement
- □ Is accountable for his actions
- □ His accountability needs improvement
- □ Participates in a meaningful way
- □ Participation needs improvement
- □ Understands and accepts the process of change
- □ Spends most of his time blaming others for his actions
- □ Gives specific examples of applying skills learned
- □ Does not give specific examples of applying skills learned
- □ Fees are kept current
- □ Fees are delinquent

Comments:
BATTERING INTERVENTION AND PREVENTION PROGRAM

“RELATIONSHIPS OF PROMISE”

PROGRESS REPORT

DATE: October 3, 2008

TO: Victoria CSCD

Client’s Name:
Group Day: Tues  Wed  Thurs  Time: 6pm
BIPP Coordinator and group facilitator:

Attendance:
Has missed__ times. Dates absent:__
Has been late ______times.

Participation in Group:
Turns in completed homework: Yes____ No_ sometimes ___
Refuses to follow homework instruction: Yes___ No__
Attentive in group: Most of the time____ Sometimes____ Never____
Speaks significantly in group: Most of the time______ Sometimes___ Never____
Shows respect toward group members: Yes____ No____
Takes responsibility for his/her past behaviors: Yes____ No____
Disruptive and Argumentative: Yes _____ No ___
Uses humor inappropriately in group: Yes ___ No__
Blames partner for his/her past and current behaviors: Yes___ No ____
Minimizes his/her abusive behavior: Yes ____ No ____
Angry affect/body posture: Yes____ No___

Significant Concerns:
Reports of continuous use/abuse of alcohol/drugs __
Appeared to be under the influence of alcohol/drugs while in the program __
Inappropriate behavior toward staff __
Other concerns:

Fees:
Fee arrangements made with MCFS.____
Amount paid: ________
Amount due: __________

BIPP Coordinator Signature: ____________________________________________
SafeHaven BIPP

Contact Sheet

Participant: ___________________________  Intake date: _____

Partner notification:
  Entry ___________________ Exit ___________________

Referral notification:
  Entry ___________________
  Progress Rpt #1 __________
  Progress Rpt #2 __________
  Progress Rpt #3 __________
  Progress Rpt #4 __________
  Progress Rpt #5 __________
  Exit ____________________

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Entity or Person contacted or attempted contact</th>
</tr>
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Group Attendance Log
# Attendance Log and Fee Schedule

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Group Day and Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Cause #:</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Leave Message:</td>
<td>(H): Yes No</td>
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<tr>
<td>(W): Yes No</td>
<td>(C): Yes No</td>
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<tr>
<td>Probation Officer:</td>
<td>Location:</td>
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<tr>
<td>Client Fee:</td>
<td>DA Grant:</td>
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<tr>
<td>Begins: Transferred: Needs Exit: Dismissed: Comments:</td>
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<thead>
<tr>
<th>Group #</th>
<th>Credit Status</th>
<th>Date</th>
<th>Topic</th>
<th>Receipt #</th>
<th>Amount Paid</th>
<th>Balance Due</th>
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**Key for Credit Status:**

- C: Credit
- A/NC/HW: Attend/No credit/No home work
- AN/C/L: Attend/No credit/Late to group
- AN/CE: Attend/No credit/Left early
- AB: Absent
### Group Attendance Log
**(27 weeks, $25/wk)**

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<thead>
<tr>
<th>Name:</th>
<th>Client ID #:</th>
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<tr>
<th>Start date (M/D/Y):</th>
<th>Location: DOR  LOR</th>
<th>Group: Day/time</th>
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**Referral source (circle one)**  
Probation  Parole  P.O.  Other:  
Address to send MTR (if other than Denton probation):

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<tr>
<th>Referral from probation:</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Payment amount</th>
<th>Referral from probation:</th>
<th>Yes</th>
<th>No</th>
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<th>Client Ref.</th>
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**Comments:**

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<th>Age:</th>
<th>Race:</th>
<th>City:</th>
<th>Zip code:</th>
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<th>Grp. No.</th>
<th>Date</th>
<th>Topic</th>
<th>Fees Paid</th>
<th>Receipt No.</th>
<th>Balance Due</th>
<th>Comments:</th>
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76  *Battering Intervention and Prevention: Sample Forms*
Battering Intervention and Prevention Program

Name: Client Name
Orientation/Intake: (paid 25.00 for Intake)
Group: day/time weekly Fee:

**Referral Information**

**Cause/SSN#:**

- Referral Name
- Referral Address

<table>
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<tr>
<th>Date</th>
<th>Session</th>
<th>Owed</th>
<th>Paid</th>
<th>HW</th>
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</table>

Absences _____ & _____ Absences _____ & _____

Completion Date: __________ Dismissed Date: __________
Client Progress Notes
Mid-Coast Family Services
“Relationships of Promise”
Client Progress Notes

Name:______________________  Date:____________
Theme:______________________  Week#:__________

What are the most important things you have learned in group today?
______________________________________________________
______________________________________________________
______________________________________________________

What are you going to do differently as a result of being in group today?
______________________________________________________
______________________________________________________
______________________________________________________

Are there any significant changes to report in your behavior toward your partner, or in your relationship in general?
______________________________________________________
______________________________________________________

Counselor Notes:
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________
______________________________________________________

Client complies with basic format.........................( ) yes ( ) no
Client worked on a problem......................................( ) yes ( ) no
Level of participation............low 1 2 3 4 5 6 high
Assignment given............( ) yes ( ) no Completed? ( ) yes ( ) no

Counselor’s signature:________________________________________
Client: ________________ Date: ______ Counselor: __________ Group:___

<table>
<thead>
<tr>
<th>Today I participated:</th>
<th>Today I feel:</th>
<th>Today I learned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Actively</td>
<td>☐ Happy</td>
<td>☐ Something that will help me with my current or future relationship.</td>
</tr>
<tr>
<td>☐ A little, mostly when directed.</td>
<td>☐ Sad</td>
<td>☐ Something that will help me manage my emotions and make better decisions.</td>
</tr>
<tr>
<td>☐ Quiet but attentive.</td>
<td>☐ Frustrated</td>
<td>☐ Something that will help my family.</td>
</tr>
<tr>
<td>☐ Didn’t pay attention.</td>
<td>☐ Tired</td>
<td>☐ Something that helps me accept personal responsibility.</td>
</tr>
</tbody>
</table>

How helpful was group today?  (Mark the scale)
Not at all 0 3 5 7 10 Extremely

What did you like?
What would make it better?

* Below Here, For Resolution Counselors Use Only *

<table>
<thead>
<tr>
<th>Client participated:</th>
<th>Client demonstrated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Actively</td>
<td>☐ Knowledge of new skills for healthy relationships. ☐ Defensiveness and resistance</td>
</tr>
<tr>
<td>☐ Very Little, Only when directed</td>
<td>☐ Accountability</td>
</tr>
<tr>
<td>☐ Quiet but appeared attentive</td>
<td>☐ Understanding of domvx.</td>
</tr>
<tr>
<td>☐ Demonstrated leadership</td>
<td>☐ Skills for non-vx</td>
</tr>
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</table>

Counselor Comments:
____________________________________________________________________
PERSONNEL
FORMS
Personnel Orientation

And Initial Training Log
BIPP Employee Orientation and Initial Training

Employee Name: __________________________ Date of Hire: _____/_____/_____
License: __________________________ Expiration Date: ____/____/____ Today’s Date: _____/_____/_____

<table>
<thead>
<tr>
<th>Competency</th>
<th>Date Due</th>
<th>Date Done</th>
<th>Documentation/Verification # of Hours/etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and Procedures Manual Receipt and Comprehension (including but not</td>
<td>Within 6 mos. of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limited to information on HIV/AIDS policy, procedures for reporting client/</td>
<td>hire</td>
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<tr>
<td>child abuse, neglect &amp; other incidents; client rights &amp; grievance procedures;</td>
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<tr>
<td>employee standards of conduct; personnel policies)</td>
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</tr>
<tr>
<td>Agency Mission; Philosophy</td>
<td>Within 6 mos. of</td>
<td></td>
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<tr>
<td>hire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Organizational Structure</td>
<td>Within 6 mos. of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hire</td>
<td></td>
<td></td>
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<tr>
<td>BIPP Program Principles</td>
<td>Within 6 mos. of</td>
<td></td>
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<tr>
<td>hire</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BIPP Curriculum Training</td>
<td>Within 6 mos. of</td>
<td></td>
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<tr>
<td>hire</td>
<td></td>
<td></td>
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<tr>
<td>MCFS Family Violence relationship to BIPP</td>
<td>Within 6 mos. of</td>
<td></td>
<td></td>
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<tr>
<td>hire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Battered Women’s Programs relationship to BIPP</td>
<td>Within 6 mos. of</td>
<td></td>
<td></td>
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<tr>
<td>hire</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Safety Planning for Victims/ Partners</td>
<td>Within 6 mos. of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Training</td>
<td>Within 6 mos. of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Domestic Violence laws, Protective Orders, Community law enforcement,</td>
<td>hire</td>
<td></td>
<td></td>
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<tr>
<td>prosecution, and court policies regarding domestic violence.</td>
<td></td>
<td></td>
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<tr>
<td>Other (notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 hours required within 6 mos. of hire</td>
<td></td>
<td></td>
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</tbody>
</table>
Denton County Friends of the Family Violence Intervention and Prevention Program
GUIDELINE #7
New Staff Orientation and Initial Training Documentation
Name of Staff: ________________________________
Date of Hire: ________________________________

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Date Completed</th>
<th># of Hours</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Topic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Mission</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Agency Philosophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Curriculum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational Structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Policies &amp; Procedures including Personnel and Client Rights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battered Women’s Relationship to BIPP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Planning for victims/partners</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Training</th>
<th>Date Completed</th>
<th># of Hours</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Topic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Domestic Violence Laws</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective Orders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Law Enforcement Response to Domestic Violence</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Training</th>
<th>Date Completed</th>
<th># of Hours</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Topic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIPP group observation</td>
<td></td>
<td></td>
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<tr>
<td>Observing hotline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observing battered women’s support group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer training at local battered women’s shelter</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
**Employee/Intern Name**

**Hire/Start Date**

---

### I have received the required orientation and training on the following:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Agency Mission</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency Philosophy</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program Curriculum</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organizational structure</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Agency policies and procedures</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client rights</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protective Order and Law Enforcement Practices</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety Planning for victims</td>
<td>1</td>
</tr>
</tbody>
</table>

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### I have completed the following required training components:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>6 Hours of Volunteer Orientation</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observed 4 Hours of Hotline operation</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
<td>Observed 2 hours of client intake and exit</td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td>Observed 2 victim support groups</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reviewed services of SafeHaven Shelters and Counseling Center (to gain understanding of relationship between BIPP and victim/partner services)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Met with BIPP, Shelter, &amp; Counseling Center Coordinators regarding relationship between BIPP and victim/partner services</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observed 4 hour Alternatives &amp; Legal Group</td>
<td>4</td>
</tr>
</tbody>
</table>

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### I have read the following required material:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
<th>Material</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&quot;The Duluth Model Curriculum&quot;</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Education Groups for Men Who Batter&quot;</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Men Who Batter&quot; by Edward Gondolf</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legal Options for Battered Women</td>
<td>1</td>
</tr>
</tbody>
</table>

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### I have watched the following required training videos:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
<th>Video Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Power and Control: Tactics of Men Who Batter</td>
<td>0.75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Power and Control: The Woman's Perspective</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Using the Control Log</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Men's Work</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Savage Cycle</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It's Not Always Happy At My House</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two Million Women</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A Friend Named Hope</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Danger Zone</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart on a Chain</td>
<td>1</td>
</tr>
</tbody>
</table>
Staff Development Log
BIPP Staff Development

Employee Name:_________________________ Date of Hire: _____/____/____
License:_________________________Expiration Date: ____/____/____ Today’s Date: ____/____/____

<table>
<thead>
<tr>
<th>Topics</th>
<th>Date Due</th>
<th>Date Done</th>
<th>Documentation/Verification # of Hours/etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence as a form of oppression, including racism, sexism, and homophobia</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic defense mechanisms of batterers that promote deception, distortion, and misrepresentation of the facts of the abuse and the experience of the victim/partner</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant Legal Issues</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse, psychopathology, and family of origin issues and their relationship to domestic violence</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Safety</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIPP Program Skill Enhancement</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Privilege</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of collaboration with shelters and battered women’s advocates and the BIPP program’s accountability to them</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New trends in battering intervention programming</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current domestic violence research available from subscriptions and circulation of newsletters and bulletins, and information from technical assistance conferences.</td>
<td>Within 1 year of hire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: (20 hours required per calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## VIPP Staff Development Log

Name: ________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of hours</th>
<th>Topic/Comment/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Staff Supervision
BIPP Staff - Internal Supervision

Employee Name: __________________________ Date of Hire: _____/_____/_____  
License: _______________ Expiration Date: ____/____/____   Today’s Date: ____/____/____

<table>
<thead>
<tr>
<th>BIPP Program Principles</th>
<th>Session Feedback</th>
<th>Clinical or Peer Supervision</th>
<th>Supervisor Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Principles</td>
<td></td>
<td></td>
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<tr>
<td>Guideline Compliance</td>
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</table>

Bimonthly documentation required
STAFF SUPERVISION MAY INCLUDE: TEAM MEETING, INDIVIDUAL SUPERVISION, DEBREIFING, GROUP MONITORING OR CASE STAFFING

| Staff’s Name | | Position |
|--------------|----------------------------------|

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE OF SUPERVISION</th>
<th># OF HOURS</th>
<th>SUPERVISOR/WITNESS INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Battering Intervention and Prevention: Sample Forms 91
Personnel Tracking Form
### LifeWorks RESOLUTION COUNSELING Personnel Training Record Review Form

**Employee Name:** ____________________________  **Date of Hire:** ____________

**Job Title:** ____________________________  **Degree:** ______________  **Field of Study:** ____________________________

**Required Experience:** □ yes □ no  **Number of years in DV:** _______  **Required experience?** □ yes □ no

**License:** □ yes □ no  **Type/Date of Licensure(s):** ___________ / ___________

**Orientation Completed:** □ yes □ no  **Date of Orientation:** ___________  **Timely:** □ yes □ no

Did orientation include the following:

<table>
<thead>
<tr>
<th>Agency mission and philosophy</th>
<th>□ yes □ no</th>
<th>Agency PPP &amp; client rights</th>
<th>□ yes □ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program curriculum &amp; organizational</td>
<td>□ yes □ no</td>
<td>Safety planning for victims/partners</td>
<td>□ yes □ no</td>
</tr>
</tbody>
</table>

**Initial Training Completed:** □ yes □ no  **# of hrs Orientation/Training:** _______  **Date completed:** ___________  **Timely:** □ yes □ no

Did initial training include:

<table>
<thead>
<tr>
<th>State domestic violence laws</th>
<th>□ yes □ no</th>
<th>Community law enforcement, prosecution, and Court policies reg. DV</th>
<th>□ yes □ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective orders</td>
<td>□ yes □ no</td>
<td>Minimum of 40 hours of orientation/initial training</td>
<td>□ yes □ no</td>
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</table>

#### Annual Training

**FY = January 1 - December 31**

<table>
<thead>
<tr>
<th>FY 05</th>
<th>FY 06</th>
<th>FY 07</th>
<th>FY 08</th>
<th>FY</th>
<th>FY</th>
<th>FY</th>
<th>FY</th>
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</table>

20 hours completed for:

<table>
<thead>
<tr>
<th><strong>Number of Hours</strong></th>
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</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

#### STAFF Supervision

**FY = September 1 - August 31**

<table>
<thead>
<tr>
<th>FY 05</th>
<th>FY 06</th>
<th>FY 07</th>
<th>FY 08</th>
<th>FY</th>
<th>FY</th>
<th>FY</th>
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</tr>
</tbody>
</table>

Evidence of Supervision

Minimum of bi-monthly (check if yes)
MISCELLANEOUS FORMS
External Program Evaluation
Violence Intervention Program (VIP) Satisfaction of Services Survey
For Community Agencies

This is an anonymous/name-optional survey. Your feedback is very valuable to us in our continued effort to evaluate and improve the quality of our services. Please complete this brief questionnaire and return it as soon as possible.

Rank each item using this scale:

0=Does not apply/Don’t know; 1=Strongly Disagree; 2=Disagree; 3=Agree; 4=Strongly Agree

VIP:
1. _____provides a necessary service in the community.
2. _____has consistent standards for completion of its program.
3. _____procedures are clear and concise.
4. _____services are provided by competent personnel.
5. _____services are available to all individuals regardless of special conditions (e.g., sex, race, socio-economic status, and so on).

Please share any other information that will help us serve you better in the future:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Optional:
If you are interested in observing a group please provide your contact information here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Return to: Michael Croyle fax: 930-3669 or by postal mail to 7911 Broadway San Antonio, TX 78209