

## Initial Victim Contact Request Form

Name of FVIP		Location		Today's Date			
Start date		Group Time & Day		Facilitator			
Participant's Name			DOB				
Victim's Name			Relationship				
Address			Victim's Phone				
Zip			Work Phone				
English? Y N		Preferred language		Other Phone			
NOW Living Together?	Yes	How long have they been together?		Children together?	Yes #		
	No	How long have they been separated?			No		
DCFS Involvement							
Criminal History <i>**Including current charge/reason for FVIP</i>	Current charge(s)		County		Date		
	Past charge(s)						
	Active TPO	Special Conditions of Bond		Probation/Parole Conditions			
No Contact		No Violent Contact	No Contact	No Violent Contact			
Alcohol/Drug History							
Suicidal/Homicidal Issues or Concerns							
Participant's version of violence							
Facilitator's Concerns							
Recommendations	<b>FVIP</b>	24 wks	Other	wks	<b>A &amp; D Program</b>	24 wks	17 wks

The purpose of victim contact is to enhance victim safety. The first contact will be made within 4 working days of a participant's enrollment in the FVIP program. The victim will be informed of participant's enrollment, program rules, fees, curriculum, and program limitations. She/He will also be offered safety planning information and resources available for victims of family violence. All information provided by the victim is confidential and will not be revealed to the participant. I understand the above information and consent to victim contact by the victim liaison.

X \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_ Date

X \_\_\_\_\_  
Signature of Group Leader

\_\_\_\_\_ Date

## Notice to Victim of Participant's Status

Name of FVIP		Today's Date	
Start date	Group Time & Day	Facilitator	
Participant's Name		DOB	
Victim's Name		# of sessions completed:	of 24
	Participant has failed to start the program as agreed. Dates missed:		
	Participant exceeded 3 absences. Dates missed:		
	Participant failed to complete requirements of the program and is noncompliant. Specify:		
	Recent act of violence by participant. Specify:		
	Request for victim safety check due to concerns about victim's immediate safety. Specify:		
	Request for leave of absence Dates requested:		
	Participant has re-enrolled in the FVIP program Restart date:		
	Other change of status Specify:		
	Participant has completed the FVIP program. Date:		
Facilitator's Comments and/or Concerns			

X \_\_\_\_\_  
Signature of Group Leader

\_\_\_\_\_ Date

### Victim Contact by Liaison

Date	Time	Contact Type	Unable to reach	Unable to speak	Contact made	Letter sent	Other

### Information Provided

	Date	Victim Concerns
Termination		
Completion		
Safety Review		
Other		

