Family Violence Intervention Program (FVIP)

Participant Leave of Absence Status Form

Program & Participant Details

Program Name:			
Participant Name:		**Driver's License #:**	
Date of Birth:		**Referral Source:**	
Probation Officer / Court: ☐ Felony ☐ Misdemeanor			

Enrollment & Schedule Details

Date of Enrollment:		**First Class Date:**	
Facilitator(s):			
Class Format:	☐ In-Person ☐ Virtual ☐ Hybrid		
Class Day(s):		**Class Time:**	
Virtual/Hybrid Link:			

Comments

Staff Certification & Transmission

Prepared By:		**Title:**	
Signature:		**Date:**	
Sent To: ☐ Referral Source ☐ Victim Liaison		**Date Sent:**	