**Please complete this form for each required victim liaison contact. Print and include in the participant’s file.**

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| **Notice to Victim of Participant’s Status** | |
| **FVIP Name:** | **Location:** |
| **Participant’s Name:** | **Victim’s Name:** |
| **Today’s Date:** | **Number of sessions completed by Participant:** |

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| **Update on Participant** | | |
| **Enrollment** | | |
|  | **Participant enrolled on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Participant will start classes on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |
| **Re-Enrollment** | | |
|  | **Participant was terminated on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for (reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **Participant has re-enrolled on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Participant will start classes again on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |
| **Recent Acts of Violence, Intimidation or Abuse** | | |
|  | * **Participant self reported (detail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** * **Victim called to report (detail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |
| **Duty to Warn** | | |
|  | **Facilitator made contact with victim, victim liaison, law enforcement, referring courts, probation, or State Board of Pardons and Parole for the following reason:**   * **Participant threatened to harm the victim, their child(ren), family members, or other persons on (date) \_\_\_\_\_\_\_\_\_\_.** * **Participant threatened to harm self on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_.** * **Facilitator’s reasonable belief that the victim was in immediate danger**   **Contact with above listed individuals was made on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |
| **Termination** | | |
|  | **Participant will be terminated in 2 days for:**   * **failing to start program** * **exceeding 3 absences without permission from referral source** * **violating class rules** * **delinquent payments** * **violence or threats of violence** * **other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Participant will be terminated on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | **Participant was terminated for:**   * **failing to start program** * **exceeding 3 absences without permission from referral source** * **violating class rules** * **delinquent payments** * **violence or threats of violence** * **other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Participant was terminated on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
| **Transfer** | | |
|  | **Participant requested on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to transfer from my FVIP program to another FVIP program.**  **Consultation with victim liaison is requested to approve transfer. Please call \_\_\_\_\_\_\_\_\_\_\_\_\_ at (number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |
|  | **Participant transferred from my FVIP program with approval by:**   * **Court** * **Referral Source** * **Georgia Commission on Family Violence**   **Transfer was completed on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | |

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| **Request for Leave of Absence** | |
|  | **Participant requested leave of absence on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for:**   * **Military Deployment** * **Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Consultation with victim liaison requested to approve leave of absence. Please call me at (number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
|  | **Leave of absence was approved by (referral source) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in consultation with the FVIP program and victim liaison.** |
| **Completion** | |
|  | **Participant completed 24 weeks of FVIP sessions on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
| **Other** | |
|  | **Request for safety check due to concerns about victim’s immediate safety.** |
|  | **Other reasons:** |

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| **Facilitator’s Comments and/or Concerns** |
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| **Preparer’s Information** |
| **Name:** |
| **Phone:** |
| **Fax:** |
| **Email:** |

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

Preparer’s Signature Date