**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:** Click or tap here to enter text. | **Location:** Click or tap here to enter text. |
| **Participant’s Name:** Click or tap here to enter text. | **Victim’s Name:** Click or tap here to enter text. |
| **Today’s Date:** Click or tap to enter a date. | **Number of sessions completed by Participant:** Click or tap here to enter text. |

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| **Update on Participant** | |
| **Enrollment** | |
| **Participant enrolled on** Click or tap to enter a date. **Participant will start classes on** Click or tap to enter a date. | |
| **Re-Enrollment** | |
| **Participant was terminated on** Click or tap to enter a date. **for (reason)** Click or tap here to enter text.  **Participant has re-enrolled on** Click or tap to enter a date. **Participant will start classes again on** Click or tap to enter a date. | |
| **Recent Acts of Violence, Intimidation or Abuse** | |
| **Participant self-reported** Click or tap here to enter text. **on** Click or tap to enter a date.  **Victim called to report** Click or tap here to enter text. **on** Click or tap to enter a date. | |
| **Duty to Warn** | |
| **Facilitator contacted 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** Click or tap to enter a date.  **Participant threatened to harm self on** Click or tap to enter a date.  **Facilitator’s reasonable belief that the victim was in immediate danger**  **Contact with above listed individuals was made on** Click or tap to enter a 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:** Click or tap here to enter text.  **Participant will be terminated on** Click or tap to enter a 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:** Click or tap here to enter text.  **Participant was terminated on** Click or tap to enter a date. |
| **Transfer** | |
| **Participant requested on** Click or tap to enter a date. **to transfer from my FVIP program to another FVIP program. Consultation with victim liaison is requested to approve transfer. Please call** Click or tap here to enter text. | |
| **Participant transferred from my FVIP program with approval by:**  **Court**  **Referral Source**  **Georgia Commission on Family Violence**  **Transfer was completed on** Click or tap to enter a date. | |

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| **Request for Leave of Absence** |
| **Participant requested leave of absence on** Click or tap to enter a date. **for:**  **Military Deployment**  **Other:** Click or tap here to enter text.  **Consultation with victim liaison requested to approve leave of absence. Please call me at** Click or tap here to enter text. |
| **Leave of absence was approved by (referral source)** Click or tap here to enter text. **on** Click or tap to enter a date. **in consultation with the FVIP program and victim liaison.** |
| **Completion** |
| **Participant completed 24 weeks of FVIP sessions on** Click or tap to enter a 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** |
| Click or tap here to enter text. |

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| **Preparer’s Information** |
| **Name:** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. |
| **Fax:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. |

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Preparer’s Signature Date