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| **FVIP Victim Contact Request Form** |
| **FVIP Name:**  | **Location:**  |
| **Facilitator:**  | **Group Day & Time:**  |
| **Orientation Date:**  | **FVIP Start Date:**  |
| **Prepared By:**  | **Preparer Phone Number:**  |
| **Sent to:**  | **Today’s Date:**  |

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| **Participant Information** |
| **Participant’s Legal Name *(First, Middle, Last):***  |
| **Nickname/Alias/Goes By:**  |
| **Preferred Language:**  | **Date of Birth:**  |
| **Home Address *(Street, City, State, Zip)*** | **Home: Cell:** **Work:** **Other:** |
| **Height:**  | **Weight:**  |
| **Participant's Gender:**  | **Participant’s Hair Color:**  |
| **Participant’s Race:**  | **Participant’s Eye Color:**  |
| **Participant’s Work Status:**  | **Participant’s Disability:**  |
| **Participant’s Employer:**  | **Participant’s Education Level:**  |
| **Participant’s Vehicle:** *(Description, Make, Model, Tag Number):*  |
| **Did participant ever witness domestic violence as a child?**  |
| **Has participant ever struggled with alcohol/drug use?**  |
| **Has participant ever had homicidal or suicidal thoughts?**  |
| **Participant’s Criminal History Information (include date, crime type, county, status, etc.):**  |
| **Describe the Reason for Your FVIP Attendance (include participant’s version of violence):**  |
| **Has participant ever used a firearm or weapon to intimidate, threaten or injure a person?**  |
| **Has participant ever used a firearm or weapon to intimidate, threaten or injure an intimate partner?**  |
| **Does participant have access to firearms? If yes, what type and where are they located?**  |
| **Does participant have access to weapons used to intimidate, threaten or injure the victim? If yes, what type and where are they located?**  |

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| **Victim Information** |
| **Victim’s Legal Name *(First, Middle, Last):***  |
| **Nickname/Alias/Goes By:**  |
| **Preferred Language:**  | **Date of Birth or Age:**  |
| **Home Address *(Street, City, State, Zip)*** | **Home: Cell:** **Work:** **Other:** |
| ***If victim’s address/phone is unknown, do you know how they can be located/contacted? (Workplace, Family, Etc.):*** |
| **Victim’s Gender:**  | **Victim’s Disability:**  |
| **Victim’s Race:**  | **Victim’s Education Level:**  |
| **Participant’s Relationship to Victim:**  |
| **Does the participant currently live with the victim?**  |
| **Participant’s time together in an intimate relationship with the victim:**  |
| **If victim and participant are no longer together, how long have they been separated?**  |
| **Do the victim and participant share children?**  |
| **Is the participant currently involved in any custody disputes with the victim?**  |
| **Is the victim and/or participant currently involved in a DFCS case? If yes, what is the name of the Case Worker and phone number?**  |

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| **Current Intimate Partner’s Information *If applicable*** |
| **New Partner’s Legal Name *(First, Middle, Last):***  |
| **Nickname/Alias/Goes By:**  |
| **Preferred Language:**  | **Date of Birth or Age:**  |
| **New Partner’s Home Address *(Street, City, State, Zip)*** | **Home: Cell:** **Work:** **Other:** |

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| **Current Charges, Orders and Conditions *Include copies of current criminal and civil orders, if applicable*** |
| **Participant is currently on:** [ ] Probation – Misdemeanor[ ] Probation – Felony[ ] Pre Trial Diversion[ ] Parole[ ] Bond | **Conditions:** |
| **Referral Contact Name:**  | **Phone Number:**  | **County:**  |
| **Does the participant have an active TPO against them?**  | **Conditions of TPO:** |
| **Referral Contact Name:**  | **Phone Number:**  | **County:**  |

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| **Facilitator’s Comments** |
| **Copy of Family Violence Incident Report reviewed?**  | **Copy of TPO reviewed?**  |
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The purpose of victim contact is to enhance victim safety. The first contact will be made within 5 calendar 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. They 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.

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Participant’s Signature Date FVIP Program Signature Date