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| **FVIP Victim Contact Request Form** | |
| **FVIP Name: FVIP A Lot** | **Location:** Click or tap here to enter text. |
| **Facilitator:** Click or tap here to enter text. | **Group Day & Time:** Click or tap here to enter text. |
| **Orientation Date:** Click or tap to enter a date. | **FVIP Start Date:** Click or tap to enter a date. |
| **Prepared By:** Click or tap here to enter text. | **Preparer Phone Number:** Click or tap here to enter text. |
| **Sent to:** Click or tap here to enter text. | **Today’s Date:** Click or tap to enter a date. |

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

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

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

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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:**  Click or tap here to enter text. | | |
| **Referral Contact Name:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. | | | **County:** Click or tap here to enter text. |
| **Does the participant have an active TPO against them?**  Click or tap here to enter text. | | | **Conditions of TPO:**  Click or tap here to enter text. | |
| **Referral Contact Name:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. | | | **County:** Click or tap here to enter text. |

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| **Facilitator’s Comments** | |
| **Copy of Family Violence Incident Report reviewed?** Click or tap here to enter text. | **Copy of TPO reviewed?** Click or tap here to enter text. |
| Click or tap here to enter text. | |

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