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| **FVIP Victim Contact Request Form** |
| **FVIP Name:** Click or tap here to enter text. | **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 to enter a date. |
| **Height:** Click or tap here to enter text. | **Weight:** 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. |
| **Participant’s Race:**[ ] African-American/Black [ ] Asian/Pacific Islander[ ] White/Caucasian[ ] Hispanic/Latino/a[ ] Native American[ ] Alaska Native/Pacific Islander[ ] Multi-Racial[ ] Other: \_\_\_\_\_\_\_\_\_\_\_ | **Participant’s Gender:**[ ] Man[ ] Woman[ ] Transgender: \_\_\_\_\_\_\_\_\_\_\_ | **Participant’s Hair Color:**[ ] Black[ ] Blonde[ ] Dark Brown[ ] Light Brown[ ] Gray[ ] Red[ ] Salt/Pepper[ ] White[ ] Bald/Shaved[ ] Other: \_\_\_\_\_\_\_\_\_\_\_ | **Participant’s Eye Color:**[ ] Hazel[ ] Green[ ] Brown[ ] Blue [ ] Black[ ] Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **Participant’s Work Status:**[ ] Employed full-time[ ] Employed part-time[ ] Unemployed**Participant’s Employer(s):**Click or tap here to enter text. | **Participant’s Vehicle:** *(Description, Make, Model, Tag Number)*Click or tap here to enter text. | **Participant’s Education Level:**[ ] Less than high school[ ] Some high school[ ] High school graduate/GED[ ] Attended college[ ] College graduate[ ] Technical school graduate[ ] Some graduate school[ ] Master’s degree[ ] Doctorate/Professional degree[ ] Currently in School | **Participant’s Disability:**[ ] Physical[ ] Mental[ ] Developmental[ ] None[ ] Other: \_\_\_\_\_\_\_\_\_\_\_ |
| **Did participant 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. |

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| **Criminal History Information *Include date, crime type, county, status, etc.*** |
| Click or tap here to enter text. |

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| **Describe the Reason for Your FVIP Attendance*****Include participant’s version of violence*** |
| Click or tap here to enter text. |

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| **Access to Firearms and Weapons** |
| **Has participant ever used a firearm or weapon to intimidate, threaten or injure a person?** [ ] Yes [ ] No |
| **Has participant ever used a firearm or weapon to intimidate, threaten or injure an intimate partner?** [ ] Yes [ ] No |
| **Does participant have access to firearms?** [ ] Yes [ ] No**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?** [ ] Yes [ ] No**If yes, what type and where are they located:** 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*** |
| [ ] **Probation:** [ ] Misdemeanor  [ ] Felony  | [ ] **Pre Trial Diversion** | [ ] **Parole** | [ ]  **Bond** | [ ]  **Active TPO or Restraining Order** |
| **County:** Click or tap here to enter text.**Probation Officer:** Click or tap here to enter text.**Number:** Click or tap here to enter text.**Conditions:** Click or tap here to enter text. | **County:** Click or tap here to enter text.**Pretrial Diversion Contact:** Click or tap here to enter text.**Number:** Click or tap here to enter text.**Conditions:**Click or tap here to enter text. | **County:** Click or tap here to enter text.**Parole Officer:**Click or tap here to enter text.**Number:** Click or tap here to enter text.**Conditions:**Click or tap here to enter text. | **County:** Click or tap here to enter text.**Court:** Click or tap here to enter text.**Conditions:** Click or tap here to enter text. | **County:** Click or tap here to enter text.**Court:** Click or tap here to enter text. **Conditions:** Click or tap here to enter text. |

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| **Victim Information** |

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| **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:** Click or tap to enter a date. |
| **Height:** Click or tap here to enter text. | **Weight:** 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. |

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| ***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 Race:**[ ] African-American/Black [ ] Asian/Pacific Islander[ ] White/Caucasian[ ] Hispanic/Latino/a[ ] Native American[ ] Alaska Native/Pacific Islander[ ] Multi-Racial[ ] Other: \_\_\_\_\_\_\_\_\_\_\_ | **Victim’s Gender:**[ ] Man[ ] Woman[ ] Transgender: \_\_\_\_\_\_\_\_\_\_\_ | **Victim’s Disability:**[ ] Physical[ ] Mental[ ] Developmental[ ] None[ ] Other: \_\_\_\_\_\_\_\_\_\_\_ | **Victim’s Education Level:****Participant’s Education Level:**[ ] Less than high school[ ] Some high school[ ] High school graduate/GED[ ] Attended college[ ] College graduate[ ] Technical school graduate[ ] Some graduate school[ ] Master’s degree[ ] Doctorate/Professional degree[ ] Currently in School |

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| **Participant’s Relationship to Victim** |
| **Participant’s Relationship to Victim:** [ ] Dating[ ] Ex girlfriend/boyfriend[ ] Domestic partners[ ] Ex domestic partners[ ] Common Law[ ] Spouse[ ] Spouse, but separated[ ] Ex Spouse[ ] Roommate/Living Together | [ ] Sibling[ ] Parent/Child[ ] Grandparent/Grandchild[ ] Other family member[ ] Co-worker/Co-student[ ] Stranger[ ] Acquaintance[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Does the Participant currently live with the victim in the case?**[ ] No[ ] Yes |

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| **Intimate Partner Relationship Questions** |
| **Participant’s time together in an intimate relationship with the victim:** [ ] Less than 3 months[ ] 3-5 months[ ] 6-11 months[ ] 1-2 years[ ] 3-5 years[ ] 6-10 years[ ] more than 10 years | **If victim and participant are no longer together, how long have they been separated?** [ ] Less than 3 months[ ] 3-5 months[ ] 6-11 months[ ] 1-2 years[ ] 3-5 years[ ] 6-10 years[ ] more than 10 years[ ] N/A |
| **Do the victim and participant share children?** [ ] No [ ] Yes**Is the participant currently involved in any custody disputes?** [ ] No [ ] Yes | **Are you currently involved in a DFCS case?**[ ] No [ ] Yes**Case Worker:** Click or tap here to enter text.**Number:** Click or tap here to enter text. |

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| **Current Intimate Partner’s Information *(If applicable)*** |
| **New Partners’s 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. |

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| **Facilitator’s Comments** |
| **Copy of Family Violence Incident Report reviewed?**[ ] No [ ] Yes [ ] N/A | **Copy of TPO reviewed?**[ ] No [ ] Yes [ ] N/A |
| 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 Signature Date

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

FVIP Program Signature Date