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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

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FVIP Program Signature Date