Sent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:** |

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| **Participant Information** |
| **Participant’s Legal Name: *(First, Middle, Last)*** |
| **Nickname/Alias/Goes By:** |
| **Preferred Language:**  | **Date of Birth:** |
| **Height:** | **Weight:** |
| **Home Address *(Street, City, State, Zip)*** | **Phone Numbers** |
| Home: Cell: |
| Work: Other: |

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| **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):** | **Participant’s Vehicle:** *(Description, Make, Model, Tag Number)* | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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| **Participant History** |
| **Did you ever witness domestic violence as a child?** * No
* Yes

Additional Information:  | **Have you ever struggled with alcohol/drug use?*** Currently struggling with alcohol/drug use
* Recovering alcoholic/addict
* No alcohol/drug abuse history

Additional information:  | **Have you ever had homicidal or suicidal thoughts?*** Homicidal
* Suicidal
* None

Additional information:  |

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| **Criminal History Information *Include date, crime type, county, status, etc.*** |
|  |
| **Describe the Reason for Your FVIP Attendance*****Include participant’s version of violence*** |
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| **Current Charges, Orders and Conditions*****Include copies of current criminal and civil orders, if applicable*** |
| **Are you currently on probation?*** No
* Misdemeanor probation
* Felony probation
 | **County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Probation Officer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Conditions of Probation**:  |
| **Are you currently on Pre Trial Diversion?** * No
* Yes
 | **County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Pretrial Diversion Contact**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Conditions of Pretrial Diversion:** |
| **Are you currently on Parole?*** No
* Yes
 | **County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Parole Officer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Conditions of Parole:** |
| **Do you have an active TPO or Restraining Order against you?*** No
* Yes
 | **County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Conditions of TPO:** |
| **Are you currently on Bond?** * No
* Yes
 | **County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Conditions of Bond:** |

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| **Access to Firearms and Weapons** |
| **Have you ever used a firearm or weapon to intimidate, threaten or injure a person?** * No
* Yes
 | **Have you ever used a firearm or weapon to intimidate, threaten or injure an intimate partner?** * No
* Yes
 |
| **Do you have access to firearms?** * No
* Yes

**If yes, what type and where are they located:** | **Do you have access to weapons used to intimidate, threaten or injure the victim?** * No
* Yes

**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)*** | **Victim’s Phone Number(s):** |
| Home: Cell: |
| Work: Other: |
| ***If victim’s address/phone is unknown, do you know how they can be located/contacted? (Workplace, Family, Etc.)*** |

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| **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:*** 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

**Name of Case Worker \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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)*** | **New Partner’s Phone Number(s):** |
| Home: Cell: |
| Work: Other: |

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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
 |
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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.

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

Participant Signature Date FVIP Program Signature Date

**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:** | **Location:** |
| **Participant’s Name:** | **Victim’s Name:** |
| **Today’s Date:** | **Number of sessions completed by Participant:**  |

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| **Update on Participant** |
| **Enrollment** |
|  | **Participant enrolled on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Participant will start classes on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
| **Re-Enrollment** |
|  | **Participant was terminated on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for (reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** **Participant has re-enrolled on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Participant will start classes again on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
| **Recent Acts of Violence, Intimidation or Abuse** |
|  | * **Participant self reported (detail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
* **Victim called to report (detail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
 |
| **Duty to Warn** |
|  | **Facilitator made contact with 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 (date) \_\_\_\_\_\_\_\_\_\_.**
* **Participant threatened to harm self on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_.**
* **Facilitator’s reasonable belief that the victim was in immediate danger**

**Contact with above listed individuals was made on (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant will be terminated on (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant was terminated on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
| **Transfer** |
|  | **Participant requested on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to transfer from my FVIP program to another FVIP program.** **Consultation with victim liaison is requested to approve transfer. Please call \_\_\_\_\_\_\_\_\_\_\_\_\_ at (number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  |
|  | **Participant transferred from my FVIP program with approval by:*** **Court**
* **Referral Source**
* **Georgia Commission on Family Violence**

**Transfer was completed on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |

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| **Request for Leave of Absence** |
|  | **Participant requested leave of absence on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for:*** **Military Deployment**
* **Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consultation with victim liaison requested to approve leave of absence. Please call me at (number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  |
|  | **Leave of absence was approved by (referral source) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in consultation with the FVIP program and victim liaison.**  |
| **Completion** |
|  | **Participant completed 24 weeks of FVIP sessions on (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** |
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| **Preparer’s Information** |
| **Name:** |
| **Phone:** |
| **Fax:** |
| **Email:** |

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

Preparer’s Signature Date