



Please print so it can be read!

Today's Date: _____

Client Name: _____ Phone No.: _____

Address: _____

City, State, Zip: _____ County: _____

Client Birthdate: _____ Are you a US military veteran? Yes NO

Email address: _____

Employed? Yes NO - Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone no: _____

Have you been involved with Domestic Abuse Intervention before? Yes NO

My participation in the DVIP non-violence education program is:

Court Ordered DSS Requirement Voluntary Other: _____

Victim/Partner/Spouse Name: _____ Phone No.: _____

(Please Print)

If victim other than partner/spouse, what is the relationship to you? _____

Address: _____

City, State, Zip: _____ County: _____

Birthdate: _____

RACE/Ethnicity: Black White Hispanic Asian other: _____

Email address: _____

How many children currently live with you? _____ Ages: _____

How many children does your partner have? _____ How many children do you have together? _____

How long have you been in a relationship with the person named above? _____

I have read, understand and agree that DVIP staff will ask for the name of the victim to obtain a history of abuse. They will provide her with the name of the DVIP staff. She will also be informed of my attendance in group class, any pending court hearings, and suspension, termination or completion of my involvement with the DVIP program.

DSS Social Worker: _____ Phone no: _____

DSS email address: _____

I understand and agree that the DSS case worker listed above may call and check on my attendance and progress in the DVIP program, and that the DVIP staff may share that information with the case worker when requested to do so.

Law Enforcement/Court Involvement

Have the police been called to your home because of a violent incident with the above named victim?

Yes NO How many Times? _____

Were you arrested for the most recent incident? Yes NO

Were you issued a warrant/citation on this occasion? Yes NO

Have you been arrested in the past for a violent crime? Yes NO

Are you on probation? Yes NO

How long is your probation? (in months) _____

Who is your probation officer: _____ Phone no: _____

PO Email address: _____

What are your conditions of probation? DVIP Stay away from Victim Fine/Court Costs

Abstain from alcohol Chemical dependency/alcohol evaluation Other similar offenses

Any other conditions of probation? _____

Is there an Order for Protection (DVPO-50B) against you? Yes NO

Date of order: _____ Length of Order: _____

Conditions of the Order: DVIP classes Contact only for visitation No Contact

Excluded from residence Surrender firearms No further abuse

Any other conditions of the DVPO? _____



DVIP – Contrat

CRC # DVIP- 2__ - _____

Please print so it can be read!

Personal Information Section

- 1. Have you ever been to counseling for abusive behavior? Yes NO
- 2. Please describe your alcohol/drug use: _____
- 3. Do you think your current alcohol/drug use is excessive? Yes NO
- 4. Have you ever had a chemical dependency or alcohol assessment? Yes NO
- 5. Have you ever been to chemical dependency or alcohol treatment? Yes NO
Did you complete that treatment? Yes NO
- 6. When you were growing up, where did you hear or witness violence? (for example: home, school, boarding school, foster home/care, streets, correctional facility, treatment center, etc.)

- 7. Thinking about when you were a child, did you ever use violence against others?
 In your family In your neighborhood On the street School Sports Gangs
Other places? _____

Please read the following statements and check the corresponding box to acknowledge that you have read and understand each statement:

- I have read, understand and agree that an expectation of the DVIP program includes talking about my use of violence and/or abusive behavior and accepting responsibility for it.
- I have read, understand and agree that the location of the Orientation/Intake will be provided to me when I schedule my intake appointment with the CRC. Further, there is a non-refundable tuition fee of **\$30.00** which will be due at the beginning of the orientation/intake and there will be a re-enrollment fee of \$50.00 if I am suspended from the program. (Note: if re-enrollment is allowed by the referring agency or court). I further agree to pay the \$30.00 non-refundable intake/orientation fee at the beginning of the intake session.
- I have read, understand and agree that I must attend the orientation session. Further, I understand that I cannot miss the orientation session without making prior arrangements. I understand that if I fail to attend the intake/orientation session, I will NOT receive a refund of the \$60.00 fee.
- I have read, understand and agree to attend 24 weekly classes and 6 monthly classes to complete the 1-year DVIP program. The cost of each class is \$25.00 in-county or out of county. I further agree to pay the \$25.00 (in county)(out of county) fee at the beginning of each class session.
- I have read, understand and agree that my group start day will be determined at the completion of orientation and DVIP staff will provide that date to me at the conclusion of orientation/intake.
- I have read, understand and agree that my group weekly meeting will be Monday starting at 6:00 pm to 8:00 pm. I understand that I must attend 24 weekly sessions immediately followed by 6 monthly sessions. I further have read, understand and agree that my monthly meeting will be Wednesday starting at 6:00 pm to 8:00 pm. I understand that all meetings will be held at the Catawba County United Way building on Tate Boulevard in Hickory, North Carolina.

- I have read, understand and agree to contact the DVIP staff if I know I will be absent; however, the notification does not excuse my absence and missed classes will count towards absences, even if the class time is made up. I understand that I may not miss more than four (4) classes during my participation in the program. I understand that I may not miss more than Three (3) classes in a row. My fourth (4th) absence, for any reason, may result in suspension and, if court ordered, the referring agency will be notified for referral back to court.
- I have read, understand and agree that group sessions may be audio recorded for supervision and training purposes and DVIP staff will notify me if recording is to be done during my group session.
- I have read, understand and agree that if recommended I agree to obtain a chemical dependency evaluation and follow any recommendations.
- I have read, understand and agree that no one, including the Petitioner, can change the 50-B Domestic Violence Protection Order without the permission of the Court. I may ask the Court for a review hearing to request changes in the order.
- I have read, understand and agree that class facilitators will report my attendance, any acts of violence while in the program, and if court ordered, will report to the referring agency any comments or behaviors that seriously detract from other participants' ability to learn.
- I have read and understand that any violation(s) of Conditions of Probation or 50-B Domestic Violence Protection Orders are grounds for suspension or termination from class and referral back to Court or the referring agency.
- I have read, understand and agree to notify DVIP staff of any change of address, employment and/or telephone number. **IT IS MY RESPONSIBILITY TO KEEP THAT INFORMATION CURRENT and notify DVIP Staff of changes to my information.**
- I have read, understand and agree to notify DVIP staff of any further police contact, service of a protection order, or any new or pending charges.
- I have read and understand that the DVIP program is required to report any suspected act of child abuse or neglect, any concern for my safety or the safety of others, or reports of further violence.
- I have read, understand and agree not to abuse alcohol or prescription drugs and I agree not to use illegal drugs while enrolled in the DVIP nonviolence education program.
- I have read, understand and agree that I must pay the class fee at the beginning of each class. If payments are not made timely, I am subject to suspension.
- I have read, understand and agree not to use violence with any person during my participation in the DVIP nonviolence education program.
- I have read, understand and agree that all information about other participants shared in class should be kept confidential, failure to maintain confidentiality may result in suspension from the program.



DVIP – Contract

CRC # DVIP- 24- _____

Please print so it can be read!

CLASS RULES:
Participant will:

1. Accept responsibility for your actions and focus on yourself.
2. Not attend under the influence of any drugs, alcohol, or any other substance that impairs the participant's coherency. If deemed necessary, DVIP staff will make a referral for a Substance Abuse Assessment and Treatment at another agency. Cost of this will be assessed to participant.
3. Not bring a weapon of any kind to group.
4. Not exhibit any hostile, violent, threatening or disruptive behavior toward any group member or group facilitator. This includes behavior that is aggravating or disruptive to the group process.
5. Participate in class discussions, cooperate with DVIP staff and be attentive during group session.
6. Complete any recommended homework. Re-admission to group will be denied if you show up without your assigned or recommended homework.
7. Arrive at least 5-10 minutes prior to the start of group so that you can pay your fees. The doors will be locked promptly at the time of the group start time. Excessive tardiness may result in an absence.
8. Show respect to others and maintain complete confidentiality regarding personal information shared by other group members or facilitators. You have already checked this block above as a requirement of admittance to the program. Any violation of this provision will result in termination from the program.
9. I will not bring children to these sessions. Children will not be allowed and you will be turned away on that group night. This will count as an absence for the class.
10. No Cellphones will be allowed during group time. All cellphones will need to be turned off once you have paid your fees and enter the group meeting room.
11. Come to class on time and stay until you are dismissed by the instructor or class ends.
12. Refer to your partner/spouse or ex-partner/spouse by her first name. No derogatory name calling will be allowed during the class sessions. Violation of this rule may result in you being dismissed from class for the evening.
13. Attend three (3) individual review sessions during the course of the program. DVIP staff may also do a phone follow-up contact.

I have read, understand and agree to adhere to the class rules as set forth above.

Note: Violation of group rules will result in suspension and possible termination from group. If participant is court ordered or DSS referred, the court system or appropriate agency and the victim will be notified of the non-compliance.

I have reviewed the requirements and conditions of this orientation summary and DVIP contract. I understand and agree to comply with these requirements so that I will have a successful outcome in the program. I also understand that my failure to comply with these requirements and conditions will result in notification of non-compliance to the court system for court ordered participants. Voluntary participants in violation of the contract will be terminated from the program.

Signature of Participant

Date: _____

Staff: _____

Official Office Use: Fee Paid: _____ First Class Date: _____
--