PATHWAYS FOR VICTIMS OF DOMESTIC VIOLENCE

52-Week Domestic Violence Intervention Course for the Aggressor (Adults Only)

CONFIDENTIAL ENROLLMENT APPLICATION | Application date: _____ | Student ID (office): _____

Program Description

This intensive 52-week program supports adults seeking to take responsibility for abusive conduct and build a foundation for lasting behavioral change. Through structured learning, participants practice communication, empathy, mindfulness, self-awareness, listening, emotional regulation, peaceful conflict resolution, boundaries, and accountability. The course encourages reflection, recognition of positive progress, and healthier approaches to relationships, partnerships, friendships, and family life. The focus is on ending abusive behaviors and respecting others' autonomy and safety; participation does not guarantee reconciliation or preservation of a relationship.

1. Applicant Information

Full legal name: _____

Preferred name: _____ Date of birth: _____ Age: _____

Address: _____

City / State / ZIP: _____

Phone: _____ Email: _____

Preferred contact method: ☐ Phone ☐ Email ☐ Text Safe to leave a message? ☐ Yes ☐ No

Emergency contact (optional): _____ Phone: _____

2. Enrollment & Referral

Enrollment type: ☐ Voluntary ☐ Court-ordered ☐ Probation / parole ☐ Social services ☐ Other

Referring agency / contact: _____

Case or docket number (if applicable): _____

Court / county / state: _____ Next court date: _____

Required completion deadline (if any): _____ Referral paperwork attached? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No (adults only)

3. Initial Accountability & Learning Assessment

The following questions are used to plan instruction and assess safety needs. Additional confidential screening may be required before acceptance.

What behaviors led you to seek or be referred to this course?

_____

_____

What actions are you personally responsible for changing?

_____

_____

What would you like to learn about communication, boundaries, and emotional regulation?

_____

_____

4. Safety & Participation Screening

Is there an active protective / restraining / no-contact order? ☐ Yes ☐ No ☐ Unsure

Are there current restrictions on contact with a partner, former partner, or children? ☐ Yes ☐ No

Are you currently enrolled in another intervention program? ☐ Yes ☐ No

Do you need an accessibility accommodation or language interpretation? ☐ Yes ☐ No

If yes, describe accommodation needed (do not include unnecessary medical details):

_____

5. Program Donation & Payment Agreement

Total requested program contribution: $450.00. Initial one-time payment: **$100.00**, credited toward the $450 total. Remaining balance after initial payment: **$350.00**. The remaining amount may be paid incrementally during enrollment. No additional $100 enrollment charge is imposed.

Proposed payment amount: $_____ Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other

Requested financial hardship review / accommodation: ☐ Yes ☐ No

Payment received (office use): $_____ Date: _____ Receipt no.: _____

The payment arrangement, any refund or cancellation terms, and any consequences of missed payments must be disclosed in a separate written policy before payment is collected. Financial hardship requests will be reviewed individually. Payment alone does not establish successful program completion.

6. Participation & Conduct Agreement

By signing below, I acknowledge that I am expected to attend scheduled sessions, participate respectfully, complete assigned work, practice nonviolent behavior, refrain from threats or harassment, and comply with applicable court orders. I understand that mindfulness and self-reflection do not replace responsibility for abusive conduct. I will not use program participation to pressure another person into contact, reconciliation, or withdrawal of a complaint.

I understand that attendance, progress, and completion may be reported to an authorized referring entity when permitted or required by law and applicable written authorization. Confidentiality has legal and safety-related limits, including mandated reporting and imminent safety concerns. The program will explain these limits and any information-sharing arrangements before participation.

7. Acknowledgments & Signatures

☐ I certify that the information provided is accurate to the best of my knowledge.

☐ I have read the program overview and understand that completion requires more than payment.

☐ I understand that enrollment does not guarantee court credit, legal outcomes, or reconciliation.

Applicant signature: _____ Date: _____

Staff / intake reviewer: _____ Date: _____

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Application status: ☐ Pending ☐ Accepted ☐ More information required ☐ Not accepted

Intake / orientation date: _____ Assigned class / facilitator: _____

Referral documents verified: ☐ Yes ☐ No Payment plan provided: ☐ Yes ☐ No

Notes: _____

Administrative notice: This is an enrollment form, not proof of California court-approved batterer intervention provider status. Verify jurisdiction-specific approval, program standards, required fees, reporting, and attendance rules before representing the course as satisfying a court order.