

Client Name _____

Initial/Sign at end

CONTRACT (Penal Code 1203.097)

I understand:

Each session no less than 2 hours (be on time): equipment malfunction on you
I may have 3 absences and on 4th one returned to court. May result in warrant.

There is no grace period, if after class time may attend late with no fee,
no absence and no credit.

I will respect confidentiality of group, do session in private space (car, closet etc)
Notify of address phone changes

Must pay fees in timely manner or ahead

I understand breaking a restraining order will result in incarceration

I will attend free of drugs and alcohol

There will be a final evaluation session

Both attendance and learning is necessary. If in the opinion of facilitator this is
not taking place or if disruptive to group, I will be dismissed and a report
sent to Court

RELEASE OF INFORMATION AND INFORMED CONSENT

I understand the exchange of information and unrestricted communication with
the Courts (Criminal, Family, Children's), DA, Attorneys, Parole, Probation, DCFS
Social Workers, for evaluation and verification of my cooperation, compliance
with conditions of probation and appropriateness of this referral.

I understand the victim may be contacted by the program for verification and
limited exchange of information with regard to violence in relationship.

I understand if I threaten another person (Tarasoff law) the counselors must
inform the intended victim, anyone around that intended victim and authorities.

If I report elder abuse or neglect (65 years old +) my counselor if mandated to
report

California allows corporal punishment (hitting) on the bottom, through the
clothes with an open hand and not leaving a mark. Our **parenting/child abuse**
program considers any hitting inappropriate as punishment instead of discipline.

If I threaten suicide, the counselor is allowed to report but not required. Dr.
Albertson is a licensed therapist who will work with you individually instead.

For the purposes of monitoring this program, there may be an occasion where
an officer from the LA County Probation Department Approved Batterers'
Intervention Programs will sit in on the group to check on the facilitator. This
officer is bound by the same confidentiality limits as Options Counseling.

I understand and agree, _____
Signature Date