

Name: _____ Date of Birth: _____

Nickname: _____

PO: _____ Case Manager: _____ Ethnic background: _____

Employed Full-time Student Part-time Student Unemployed Self-employed

Occupation: _____ Employer: _____

Basic Contact Information

Street: _____ Town: _____ Zip Code: _____

Primary Phone: _____ Home Work Cell Can leave message Can Text

Secondary Phone: _____ Home Work Cell Can leave message Can Text

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Relationship History

Married Not married, but living together Separated Divorced Never married

Partner's name: _____ Spouse Significant Other Her phone _____

Her mailing address: _____ Her age: _____

Do you currently live with your partner? Yes No

How long have you been with your current partner? _____

If currently married, how long have you been married? _____

If separated, when did you separate? _____

Is the victim in the incident for which you have been referred your current partner? Yes No

Yes, then Skip to the next section:

What is your relationship to the victim? _____

Victim's name: _____

Victim's address: _____

Victim's age: _____

Victim's phone: _____

What was the nature of the incident for which you were referred to this program?

Have there been other DV charges? Yes [] No []

Were alcohol and/or drugs used before or during any of your violence? Yes [] No []

Do you have weapons or have you been in possession of weapons in the last year? Yes [] No []

If so, where are these weapons now? _____

Have you ever threatened to use a weapon on the victim or someone else? Yes [] No []

Have you ever spied on the victim, your partner or another women? Yes [] No []

Have you ever made a suicide attempt? Yes [] No []

Have you ever threatened to kill yourself? Yes [] No []

Health/Treatment History

Are you currently receiving any counseling, substance abuse treatment, etc.? Yes [] No []

Name of Program Location of Program Dates Attended

Have you ever attended a batterers intervention or anger management class? Yes [] No []

Name of Program Location of Program Dates Attended

Have you ever been admitted to a psychiatric facility? Yes [] No []

Name of Program Location of Program Dates Attended

Are you currently taking any prescription medicine? Yes No What? _____

Have you taken prescription medicines in the past? Yes No What? _____

Legal History

Have you ever been convicted of a crime? Yes No

If yes, what was the most recent? _____

What was your most serious crime? _____

Have you ever been incarcerated? Yes No When? _____

Are you on probation/parole? Yes No Until when? _____

Does your victim have a Order of Protection against you? Yes No

Has anyone ever had an Order of Protection against you? Yes No

Children:

<i>Names</i>	<i>Date of Birth</i>	<i>Child's Mother's Name</i>	<i>Child's Gender</i>	<i>Child Living w/you</i>

Are you required to make child support payments? Yes No Current? Yes No

Has a child abuse report ever been filed on you? Yes No

Was the allegation supported or denied? Yes No

Are you currently involved with the Children's Division? Yes No

If so, what is the name of the case worker? _____ Phone Number: _____

Signature: _____ Date: _____

Intervene NOW! Participant Contract



*** This agreement is between SOCIAL CHANGE Services, a for-profit company owned and operated by Lori Steffen, and the undersigned. SOCIAL CHANGE Services shall include all agents, employees, individual contractors, interns and volunteers, and anyone acting on behalf of SOCIAL CHANGE Services.**

I, _____ (participant), agree to the following:

1. COMMITMENT TO NONVIOLENCE

Initials _____

- a) I will not use physical, emotional, or sexual violence towards others, or myself.
- b) I will not use verbal and mental abuse toward others, including all threats of violence or suicide, name-calling, or intimidation.
- c) I will not physically, sexually, verbally, or emotionally abuse my children.
- d) I will not injure or destroy pets or property as a means to hurt or control others.
- e) I will not engage in abuse of drugs or alcohol, and will not in other ways inflict harm upon myself.
- f) I will earnestly try to find ways to stop controlling other people. I will not follow, harass, or attempt to hold on to a person who has expressed a wish to be free of me.
- g) I will not withhold child support, nor access to my children. I will not involve myself in legal actions toward my current or ex partners where the main goal is to hurt, harass, humiliate, or control her behavior.
- h) I agree that the purpose of my being in this program is to become nonviolent, and I will act accordingly both in the program and in my personal life. I will participate openly, honestly and actively on a regular basis. I will abide by all program rules, and complete all assignments that are given to me by my group leader(s).
- i) *I will treat my group leader and other participants with respect--including not interrupting when others are speaking. I will not argue for or promote the use of violence while in class. I will not promote sexism, racism or substance abuse in any way in the classroom.*
- j) *If I break any of the above agreements for ending my violence, I will report this immediately to SOCIAL CHANGE Services, and will openly talk about the problem. I will accept the consequences of such behavior, including possibly having my participation with SOCIAL CHANGE Services extended, being terminated from the program, or other interventions.*

2. SOCIAL CHANGE SERVICES COMMUNICATION WITH OTHERS

Initials _____

- a) I have correctly given SOCIAL CHANGE Services contact information in my possession for my partner, ex-partner, and/or complainant as well as my own, and will immediately inform SOCIAL CHANGE Services of any changes therein.
- b) I understand SOCIAL CHANGE Services may contact my partner, ex-partner(s), and/or complainant to tell that person when I started the program, explain the commitment to nonviolence which I have made, tell him/her when I stop attending, report my progress, invite him/her to evaluate my progress, refer to

support programs or suggest other options for the children's safety and wellbeing, and give his or her counselor or agent any or all information that SOCIAL CHANGE Services, in its sole discretion, deems necessary. I understand that reports regarding progress will not necessarily be used to determine successful or unsuccessful completion of the class.

- c) I give SOCIAL CHANGE Services permission to give all relevant information to the individuals and institutions for which I have signed releases. SOCIAL CHANGE Services may contact other batterer intervention programs to inquire if I have attended and to obtain relevant records.
- d) I have accurately reported whether I have previously attended a batterer treatment program and understand that SOCIAL CHANGE Services may be in contact with that program. I give SOCIAL CHANGE Services my permission to verify my attendance for prior batterer treatment and to obtain all records regarding my case. **Name of most recent program:** _____
- e) Should I become involved with other government agencies (for example, Children's Division) while attending the Intervene NOW! Program, I agree to notify SOCIAL CHANGE Services of this and I give SOCIAL CHANGE Services permission to give information about my progress to these agencies and to receive information about my case from these agencies.
- f) I will cooperate with future requests to sign additional release forms.
- g) I understand that information will be shared by SOCIAL CHANGE SERVICES staff under circumstances including:
 - 1. If we are ordered by the court to testify or release records.
 - 2. If you are a victim or perpetrator of, or witness to, child abuse, we are required by law to report this to the authorities responsible for investigating child abuse.
 - 3. If you are a victim or perpetrator of, or witness to, elder or adult dependent abuse, we are required by law to report this to Adult Protective Services or other appropriate authorities.
 - 4. If you threaten harm to yourself or someone else, we may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the harm
- h) Reports to probation officers and others will include:
 - 1. Evidence of reoffenses of violence towards anyone
 - 2. Evidence of violations of court orders, probation directives, etc.
 - 3. Missed appointments and compliance with other program rules
 - 4. Program progress
 - 5. Information relevant to safety, assessment and treatment planning
- i) Information on participation, etc. may be made available to state probation and parole, area court systems, law enforcement, etc. (primarily for purposes of monitoring compliance with Intervene NOW!)

3. NOTICE REGARDING LIABILITY

INITIALS _____

I understand that SOCIAL CHANGE Services is providing an educational service for me and will not be offering medical or psychological diagnosis, prognosis, or treatment, nor necessarily the same confidentiality privileges which are available to clients of licensed social workers, psychologists or physicians.

4. COMMITMENT TO GROUP CONFIDENTIALITY

INITIALS _____

I promise to hold confidential all communications made by participants and all information obtained from or about any participant while participating in this program. I am making this promise in consideration of the mutual promises made by all participants in this group and in return for benefits of open communication while in this program. I understand that the purpose of this agreement is to help assure that each member of the group will feel more comfortable revealing personal information about themselves, helping to enable achievement of learning goals.

5. MONITORING OF MEETINGS

INITIALS _____

I understand that some group meetings may be observed for supervisory, monitoring, or training purposes. I understand that I will be informed whenever a meeting is being observed. I understand that such observers will be signing a confidentiality agreement.

6. ATTENDANCE AND FEE REQUIREMENTS

INITIALS _____

- a) I am expected to attend every session. I agree to pay \$20 per meeting. **I must pay as I go.** I will not be allowed to attend if I do not bring payment. I agree to give at least 24 hours notice for any missed meetings (except in the case of an emergency). I agree to abide by the decision of my group leaders on whether a missed session is excused or unexcused. If an absence is unexcused, I will expect to pay for the missed class by the next class meeting.
- b) **If I have a viable claim for lack of funds, I may be allowed to attend class to avoid an unexcused absence, but that attendance will not count toward the minimum number of sessions. I understand this privilege can be revoked at any time, and must be requested before appearing for class.**
- c) Absences can be grounds for dismissal or for an extension in the time to complete the program.
- d) More than two unexcused absences in a month period will generally mean unsuccessful discharge from the program. If people continue in the program, absences (excused or unexcused), will have to be made up not only by paying the fee for that class, doing extra homework that covers the topic of that class, but also having extra sessions added to the minimum requirements.
- e) Four or More Unexcused Absences Means the Counter starts over for how many classes I must complete.
- f) I understand that a no-call, no-show for the week, will mean discharge, that I must call to get readmitted, and will have a fee of \$25-\$75 to get readmitted, as well as have homework assigned, etc.
- g) PUNCTUALITY is mandatory. I understand that I need to check in between 15 minutes before class is to start and the beginning of class. When clients arrive more than fifteen minutes late, it will be considered an unexcused absence. Tardies (5-15 minutes late) will be tracked and excessive tardiness can be grounds for dismissal or extension of time in class.
- h) There will be additional fees for the intake interview, the exit evaluation interview, and any other meetings which are deemed necessary for continuation or successful completion of this program. *Individual sessions (makeup, additional, etc.) will be \$40 an hour.*

7. OUTSIDE SERVICES

INITIALS_____

If related personal problems exist or surface, such as alcohol or drug abuse, or mental health problems, especially in so how they affect my participation in class, I will seek appropriate assessment/treatment as a condition of my continued involvement with SOCIAL CHANGE Services.

8. DURATION OF PARTICIPATION IN PROGRAM

INITIALS_____

Participants are generally expected to participate for a **minimum** of 26 sessions as part of the requirements for successful completion, unless program staff and referral source have agreed upon a longer time.

9. SUCCESSFUL COMPLETION OF THE PROGRAM WILL REQUIRE, BUT IS NOT LIMITED TO, Initials_____

regular attendance, completion of homework, meaningful participation in class, following program rules, etc. Must demonstrate some achievement of learning objectives including:

a. Decrease controlling behaviors.

- 1) Understand the Power and Control Wheel and the different types of abuse.
- 2) Be able to identify ways that one has been controlling in the past.
- 3) Identify societal and other messages that may have encouraged controlling behaviors.
- 4) Identify alternative behaviors to controlling behaviors.

b. Decrease violence and other aggressive behaviors.

- 1) Learn how to use Time-Outs in a non-controlling manner.
- 2) Can demonstrate empathy, including for victim.
- 3) Can identify and express feelings in non aggressive manner.
- 4) Has learned to identify physical and behavioral signs of anger and escalation.
- 5) Has learned alternative methods of conflict resolution.
- 6) Has been violence free for at least six months.

c. Improve Stress Management Skills

- 1) Client has learned how to identify negative self talk.
- 2) Client can reduce emotional stress through positive self talk.
- 3) Client has learned more problem solving techniques.

d. Recognizing effects, signs and indicators of domestic violence

- 1) Client understands the different types of abuse, and the effects that each can have on victims, as well as children who witness the abuse.
- 2) Client is able to recognize minimization, denial and blaming in self (as well as classmates).
- 3) Client acknowledges complete responsibility for his/her violence.

Client has to have followed all program rules, including;

- Client has completed all homework assignments.
- Client has attended the minimum number of group sessions (which can be increased).
- Client has paid all outstanding balances.
- Client actively participates in group sessions.
- Client does not have an unaddressed mental health or substance abuse problem.

I understand that I may be terminated from this program if I do not abide by this agreement, and will be liable for all fees and expenses SOCIAL CHANGE Services incurs to collect whatever fees I owe.

I HAVE READ, FULLY UNDERSTOOD, AND AGREE WITH THE ABOVE.

MY SIGNATURE _____ DATE _____

SOCIAL CHANGE Services STAFF _____ DATE _____

PO Box 8594, Sugar Creek, MO 64054

(816) 718-2208

**SOCIAL CHANGE Services
Intervene NOW!**

DOMESTIC VIOLENCE OFFENDER EDUCATION GROUP

Authorization for Release of Information (Partner/spouse &/or victim)*



This material shall not be transmitted to anyone without written consent or authorization, subject to exceptions noted elsewhere.

I, _____, (client's name)
authorize **SOCIAL CHANGE Services Staff to exchange the below specified information with:**

Name of client's partner

Partner's home address

Partner's home telephone number

Partner's work telephone number

The following information will be shared with your partner:

1. Information about this program - our intervention techniques (such as time-outs) and homework assignments. We will inform your partner of our belief that violence in a relationship is a crime and our recommendation that the police be called and charges filled whenever violence occurs.
2. Limitation of Program: We cannot guarantee that you will stop your violence.
3. Your status in the program (continuing, completed, terminated, reinstated)
4. If the group leaders have reason to believe that your partner may be in danger, we are ethically and legally required by law to inform your partner of this assessment.
5. We will inform your partner of services available, such as shelters, counseling groups, how to use and file temporary restraining orders and how to receive assistance with the legal system.
 - Procedures for reporting any additional acts of violence, threats and/or intimidation to your Probation Officer.

For the specific purpose of: Follow up

This authorization will expire ____ days from date of signature. I also understand that this authorization may be revoked by me, in writing, at any time, except to the extent that action has already been taken.

Client's signature

Witness' signature

Date

Date

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SOCIAL CHANGE Services
Intervene NOW!
DOMESTIC VIOLENCE OFFENDER EDUCATION GROUP
Authorization for Release of Information (Probation/other)

This material shall not be transmitted to anyone without written consent or authorization as described below and/or in the participant contract.

I, _____, (client's name)
authorize SOCIAL CHANGE Services Program Staff to exchange the below specified information with:

Probation officer/attorney/case worker/other NAME

Probation officer's (or Other) address

Probation officer's (or Other) telephone number

Probation officer's (or Other) email address

The following information will be shared with this individual:

1. Reoffenses of violence towards anyone*
2. Violations of court orders
3. Missed appointments and compliance with other program rules
4. Treatment progress
 - Information relevant to safety, assessment and treatment planning

For the specific purpose of: monitoring of participation in Intervene NOW!
Domestic Violence Intervention (aka BIP) program.

This authorization will expire ____ days from date of signature. I also understand that this authorization may be revoked by me, in writing, at any time, except to the extent that action has already been taken.

Client's signature

Witness signature

Date

Date

*If there are additional acts of violence, we will encourage you to notify the court and/or your probation officer, first thing the next business day morning. We will contact the court and/or probation officer immediately.

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