

(FOR OFFICE USE ONLY)

Name of Program _____ DCF \$30.00 Participant fee: \$ _____
Enrollment Date _____ Re-enrollment Date _____

PLEASE PRINT:

Last name First name Middle name Social Security Number

Mailing address City State Zip Code County

Date of Birth Age Home Telephone Number Work Telephone Number
Race/Ethnic Group: ___ Caucasian ___ Native American ___ Hispanic ___ Asian/Pacific Islander ___ Other _____
Highest (Specify)
Grade Completed: ___1-8 ___9-11 ___12/GED ___Some College/Associates Degree ___College Degree ___Post Graduate
Are you employed: Annual Gross Income:
___ Full time ___ Part time ___ Active Military ___ \$0-\$5,000 ___ \$15,001-\$20,000 ___ \$30,001-\$35,000
___ Retired ___ Unemployed ___ Disabled ___ \$5,000-\$10,000 ___ \$20,001-\$25,000 ___ \$35,001-\$45,000
___ \$10,001-\$15,000 ___ \$25,001-\$30,000 ___ \$45,000 +

Marital Status: If separated, how long? _____ Are you currently residing with victim? ___ Yes ___ No
___ Single
___ Married
___ Separated
___ Divorced Have you ever been reported for child abuse? ___ Yes ___ No

VICTIM'S INFORMATION:

Victim's Last Name First Name Middle Initial Home Telephone # Business Telephone #

Victim's Mailing Address City State Zip Code County
Race/Ethnic Group: ___ Caucasian ___ Native American ___ Hispanic ___ Asian/Pacific Islander ___ Other _____
(Specify)
Was Victim Pregnant at time of Offense? ___ Yes ___ No Is Victim Pregnant? ___ Yes ___ No ___ Don't Know
Who referred you to this program? Have you attended a Batterer's Intervention Program before?
___ Injunction for Protection Order by Judge ___ Yes ___ No ___ Anger Management
___ Deferred Prosecution Agreement with State Attorney
___ Probation Order - State (Felony) If so, name of program? _____
___ Probation Order - County (Misdemeanor)
___ Probation Officer's Name _____ Did you complete the program? ___ Yes ___ No
___ Department of Children & Families
___ Self-referral
___ Other person or Agency _____
Date of Orientation: _____ Date of First Class: _____
Signature: _____ Today's Date: _____

Date of Discharge: _____ Completed Program ___ Yes ___ No
___ Unsuccessfully terminated (check reason for discharge)
___ Failure to participate/attend sessions ___ Attending a group under the influence ___ Recurrence of violence or arrest
___ Transferred ___ Failure to abide by the rules ___ Requirement dropped by court ___ Other