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| **FVIP Name:** | **Location:** |
| **Facilitator:** | **Group Time/Day:** |
| **Orientation Date:** | **FVIP Start Date:** |

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| **Participant’s Legal Name:** *(First, Middle, Last)* | | |
| **Nickname/Alias/Goes By:** | | |
| **Participant’s Address:** | **Participant’s Phone Number(s):** | |
| Street: | Home: | Cell: |
| City, State, Zip: | Work: | Other: |

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| **Participant’s Height:** | **Participant’s Weight:** | | **Participant’s DOB:** |
| **Participant’s Race:**  African American White Asian Native American Pacific Islander Multi-Racial Hispanic Other | | | |
| **Participant’s Sex:**  Male Female  Transgender F Transgender M Intersex | | **Participant’s Disability:**  Physical Mental Developmental None | |
| **Participant’s Hair Color:**  Black Blonde Dark Brown Gray Light Brown  Red Salt/Pepper White Bald | | **Participant’s Eye Color:**  Hazel Green Brown Blue Black | |
| **Participant’s Education Level:**  Less than high school Some high school High school graduate/GED Attended college College graduate Technical school graduate  Some graduate school Master’s degree Doctorate/professional degree | | | |
| **Participant’s Work Status:**  Employed Unemployed | **Participant’s Employer’s Name:** | | **Participant’s Annual Income:**  **$** |
| **Participant’s Vehicle Description/Tag Number:** | | | |

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| **Did you witness domestic violence as a child?** Yes No | | |
| **Have you ever struggled with alcohol use?**  Currently struggle with alcohol use Recovering alcoholic No alcohol abuse history Unknown | | |
| **Have you ever struggled with drug use?**  Currently struggle with drugs Recovering addict No drug abuse Unknown | | |
| **Criminal History Information:** *(attach additional sheets if necessary)* | | |
| **Name of Crime Alleged** | **Location of Crime Alleged** | **Charge currently pending 🗹** |
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| **Are you currently on probation?** No Yes Name of PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In which county?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Are you currently on pre-trial diversion?** No Yes In which county?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Are you currently on parole?** No Yes Name of PO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In which county?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Do you currently have an active TPO?** No Yes In which county?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Do you currently have an active Bond?** No Yes In which county?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Is there a current no contact order in place between you and the victim in your case?** *(Check all that apply)* None TPO Bond condition Criminal sentence Restraining order Probation conditions Other Unknown | | |
| **Do you have access to firearms?** No Yes What type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Describe the reason for your FVIP attendance:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Victim’s Legal Name:** *(First, Middle, Last)* | | |
| **Nickname/Alias/Goes By:** | | |
| **Victim’s Address:** | **Victim’s Phone Number(s):** | |
| Street: | Home: | Cell: |
| City, State, Zip: | Work: | Other: |
| If Victim’s Address/Phone is Unknown, do you know how they could be located? | | |

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| **Participant’s Relationship to the Victim:** Dating Common law Partner/lover Ex-partner Spouse  Spouse, but separated Ex-spouse Sibling Parent/Child Grandparent/Grandchild Other family member Living together Co-worker/co-student Stranger Acquaintance Other | | | |
| **Participant’s Time Together with the Victim:**  Less than 3 months 3-5 months 6-11 months 1-2 years 3-5 years 6-10 years more than 10 years | | **If you are not together with the Victim, how long have you separated?**  Less than 3 months 3-5 months 6-11 months 1-2 years 3-5 years 6-10 years more than 10 years | |
| **Victim’s DOB:** *(if unknown, list age)* | | **Victim’s Race:**  African American White Asian Native American Pacific Islander Multi-Racial Hispanic Other | |
| **Victim’s Sex:** Male Female  Transgender F Transgender M Intersex | | **Victim’s Disability:**  Physical Mental Developmental None | |
| **Victim’s Marital Status:**  Married Single Divorced | | **Victim’s Education Level:**  Less than high school Some high school High school graduate/GED Attended college College graduate  Technical school graduate  Some graduate school  Master’s degree Doctorate/professional degree | |
| **Victim’s Primary Language**:  English Spanish French Other | **Is Victim an Immigrant or Refugee?** No Yes Country of origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown | | **How many children does Victim have?** |
| **Victim’s Work Status:**  Employed Unemployed | **Victim’s Employer’s Name:** | | **Victim’s Annual Income:**  **$** |

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| **Do you have children together with the Victim?**  No Yes How many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Are you currently involved in a DFCS Case?**  Yes No N/A |
| **If so, who is your case worker?** | **If so, what is your Case Worker’s Contact #?:** |

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| **Participant’s Description of the Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Are you and the Victim in your case currently together in a relationship?** Yes No | **Do you currently live with Victim in your case**?  Yes No | | |
| **If you are no longer in a relationship with the Victim:** | | | |
| **Current Partner’s Legal Name:** *(First, Middle, Last)* | | | |
| **Nickname/Alias/Goes By:** | | | |
| **Current Partner’s Address:** | | **Current Partner’s Phone Number(s):** | |
| **(Street)** | | **Home:** | **Cell:** |
| **(City, State, Zip)** | | **Work:** | **Other:** |

**Copy of incident report reviewed:** Yes No **Copy of TPO reviewed?** Yes No

**Facilitator Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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