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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 [x] 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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