

# BATTERER'S INTERVENTION PROGRAM

Client # \_\_\_\_\_  
Staff \_\_\_\_\_

## ENROLLMENT FORM

PLEASE PRINT ALL ANSWERS

NAME: Last	First	Middle	TODAY'S DATE
MAILING ADDRESS: Street	City	State	Zip Code
EMPLOYER:	HOME TELEPHONE NUMBER		
COMMAND (Active Military Only)	WORK TELEPHONE NUMBER		
VICTIM'S NAME Last	First	Middle	SOCIAL SECURITY NUMBER
VICTIM'S MAILING ADDRESS: Street	City	State	Zip Code
			VICTIM'S WORK TELEPHONE
			VICTIM'S HOME TELEPHONE

<p>I am now, or have been at some time, married to the victim: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have enrolled in this program before: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I live in the county of: _____</p> <p>My age is: _____ Date of Birth: _____</p> <p>My ethnic or racial group is: <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____</p> <p>The highest grade I have completed is: <input type="checkbox"/> 1-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate</p> <p>I was sent to this program by: <input type="checkbox"/> Injunction for Protection Order Judge _____ <input type="checkbox"/> Deferred Prosecution Agreement with Sate Attorney <input type="checkbox"/> Probation Order - State (Felony) <input type="checkbox"/> Probation Order - County (Misdemeanor) Probation Officer's Name _____ Phone _____ <input type="checkbox"/> ONLY Myself <input type="checkbox"/> Other Person or Agency _____</p> <p>Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/></p> <p>Living Together <input type="checkbox"/> Separated <input type="checkbox"/></p> <p>If separated from victim, how long have you been separated? _____</p> <p>If separated, did you want the separation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>The victim's ethnic/racial group: <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____</p> <p>The victim's age is: _____ Date of Birth: _____</p> <p>Length of relationship: _____</p> <p>I am residing with the victim right now: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The children living with me/victim/us are:</p> <table border="0"> <thead> <tr> <th>Number of Girls</th> <th>Number of Boys</th> </tr> </thead> <tbody> <tr> <td>_____ 0-1 year</td> <td>_____ 0-1 year</td> </tr> <tr> <td>_____ 2-3 years</td> <td>_____ 2-3 years</td> </tr> <tr> <td>_____ 4-6 years</td> <td>_____ 4-6 years</td> </tr> <tr> <td>_____ 7-9 years</td> <td>_____ 7-9 years</td> </tr> <tr> <td>_____ 10-12 years</td> <td>_____ 10-12 years</td> </tr> <tr> <td>_____ 13+ years</td> <td>_____ 13+ years</td> </tr> </tbody> </table> <p>The victim is pregnant now: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I am employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Other _____</p> <p>My Total Income:</p> <table border="0"> <tbody> <tr> <td><input type="checkbox"/> \$0-\$5,000</td> <td><input type="checkbox"/> \$20,000-\$25,000</td> </tr> <tr> <td><input type="checkbox"/> \$5,001-\$10,000</td> <td><input type="checkbox"/> \$25,001-\$30,000</td> </tr> <tr> <td><input type="checkbox"/> \$10,001-\$15,000</td> <td><input type="checkbox"/> \$30,001-\$35,000</td> </tr> <tr> <td><input type="checkbox"/> \$15,001-\$20,000</td> <td><input type="checkbox"/> \$35,001+</td> </tr> </tbody> </table>	Number of Girls	Number of Boys	_____ 0-1 year	_____ 0-1 year	_____ 2-3 years	_____ 2-3 years	_____ 4-6 years	_____ 4-6 years	_____ 7-9 years	_____ 7-9 years	_____ 10-12 years	_____ 10-12 years	_____ 13+ years	_____ 13+ years	<input type="checkbox"/> \$0-\$5,000	<input type="checkbox"/> \$20,000-\$25,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> \$10,001-\$15,000	<input type="checkbox"/> \$30,001-\$35,000	<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> \$35,001+
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I will attend an orientation on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

My class meets Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

My first class begins \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Assessment Deadline \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Weekly Fee \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Discharge Information:  completed program  unsuccessfully terminated

If unsuccessfully terminated please indicate reason below:

<input type="checkbox"/> recurrence of violence and/or arrest	<input type="checkbox"/> failure to participate and attend sessions
<input type="checkbox"/> failure to abide by rules and regulations	<input type="checkbox"/> attending group under the influence of alcohol and/or drugs