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# *Nicklaus Counseling Center, S.C.*

## *Domestic Violence/Anger Management Group Intake Paperwork*



*Come as You Are  
And  
Leave a Better You*



**Nicklaus Counseling Center, S.C.**  
**1557 Cleveland Avenue**  
**Marinette, WI 54143**  
**Phone (715)732-6868 Fax (715)732-6868**



## **Recurring Payment Authorization Form**

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express, or Discover Card. Complete and sign this form to get started.

### **Recurring Payments Will Make Your Life Easier**

- It is convenient (Saving you time and postage)
- Your payment is always on time (even if you are out of town), eliminating late charges.

### **Here is How Recurring Payments Work at Nicklaus Counseling Center, S.C.**

You authorize regularly scheduled charges to be withdrawn from your debit or credit card. You will be charged the amount indicated below for each billing period. A Receipt for each payment will be emailed or texted to you. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior- notification will be provided unless the date of amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected.

### **Please complete the information below:**

I, \_\_\_\_\_ authorize Nicklaus Counseling Center, S.C. to charge my credit card \$\_\_\_\_\_ for each counseling session. If a session is not cancelled with a minimum twenty-four-hour (24) notice as stated in the intake agreement my card will be charged a **\$25.00** no show / late cancellation fee.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<b>Cardholder Name:</b> _____	
<b>Account Number:</b> _____	
<b>Exp Date:</b> _____	
<b>CVV:</b> _____	
<b>Email / Cell Phone Number:</b> _____	

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Nicklaus Counseling Center, S.C. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that if the payment date falls on a holiday or on a weekend, the payments may be executed on the next business day. I acknowledge the origination of ACH transactions to my account must comply with provisions of U.S. law. I certify that I am an authorized user of this debit/Credit account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_

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



# Nicklaus Counseling Center, S.C.

## Domestic Violence Assessment

DV Group Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Paid for assessment: ☐ Yes ☐ No

Have you ever been in any kind of counseling? ☐ Yes ☐ No If yes, please explain why, when, and where?

Are you currently employed? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

What is your current housing situation? ☐ Home ☐ Apartment ☐ Staying with friends ☐ Homeless

How do you care for yourself? \_\_\_\_\_

Do you have any concerns at the moment you would like to address? ☐ Yes ☐ No If yes, please explain\_

Current Medications: Both prescription and over the counter

Medications	Dose	Frequency	Reason for use
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	
		<input type="checkbox"/> As Needed <input type="checkbox"/> Daily _____ Times/day	

If you have more please attach another sheet.



# *Nicklaus Counseling Center, S.C.*

## **Victim Information**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Work phone or Company Name/City: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Are you still in a relationship? ☐ Yes ☐ No Do you live together? ☐ Yes ☐ No

Children with this partner ☐ Yes ☐ No If yes, names: \_\_\_\_\_

Any children partner has from other relationship? ☐ Yes ☐ No If yes, names: \_\_\_\_\_



# *Nicklaus Counseling Center, S.C.*

## **Current Partner Information**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Work phone or Company Name/City: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Are you still in a relationship? ☐ Yes ☐ No Do you live together? ☐ Yes ☐ No

Children with this partner ☐ Yes ☐ No If yes, names: \_\_\_\_\_

Any children partner has from other relationship? ☐ Yes ☐ No If yes, names: \_\_\_\_\_



# *Nicklaus Counseling Center, S.C.*

## **Former Partner #1 Information**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Work phone or Company Name/City: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Are you still in a relationship? ☐ Yes ☐ No Do you live together? ☐ Yes ☐ No

Children with this partner ☐ Yes ☐ No If yes, names: \_\_\_\_\_

Any children partner has from other relationship? ☐ Yes ☐ No If yes, names: \_\_\_\_\_

## **Former Partner #2 Information**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Work phone or Company Name/City: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Are you still in a relationship? ☐ Yes ☐ No Do you live together? ☐ Yes ☐ No

Children with this partner ☐ Yes ☐ No If yes, names: \_\_\_\_\_

Any children partner has from other relationship? ☐ Yes ☐ No If yes, names: \_\_\_\_\_



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★★ Fill out information below for  
EACH partner you have children with ★★

Child's Name	Other Parent's Name	Child's Date of Birth	Male/Female	Living with you
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Child Information

Are you required to make child support payments? ☐ Yes ☐ No If yes, what amount per week? \$ \_\_\_\_\_

Are the payments voluntary or court required? \_\_\_\_\_

Are they garnished from your pay? ☐ Yes ☐ No

Have you been making these payments as required? ☐ Yes ☐ No

Do you have any involvement with Wisconsin Department of Children and Family Services (DCDS), or Michigan Department of Health and Human Services (MDHHS)? ☐ Yes ☐ No If yes what is your case worker's name and telephone number? \_\_\_\_\_

What branch office? \_\_\_\_\_

What are the requirements for your service plan? \_\_\_\_\_

Has a child abuse report ever been filed on you? ☐ Yes ☐ No If yes, what was the result of the investigation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Legal Information

Have the police been called due to your actions? ☐ Yes ☐ No If yes, why? \_\_\_\_\_

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Have you ever been charged with a crime? ☐ Yes ☐ No If yes, what have you been charged with?

Charge	Date	Place

Have you ever been incarcerated? ☐ Yes ☐ No If yes, when, and how long?

When	How Long

Are you on parole/probation? ☐ Yes ☐ No If yes, when does it expire? \_\_\_\_\_

Please list below which court(s), and who your probation officer?

Which Court	Name of P.O.





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Does your partner/ex-partner have a restraining order (R.O.) against you? ☐ Yes ☐ No If yes, when does the restraining order expire? \_\_\_\_\_

What court is it out of? \_\_\_\_\_

What are the conditions of the R.O.? \_\_\_\_\_

\_\_\_\_\_

What is the reason for the Restraining order? \_\_\_\_\_

\_\_\_\_\_

Have you had a restraining order in the past? ☐ Yes ☐ No If yes, what years were the restraining orders in effect? \_\_\_\_\_

What was/were the reason(s) this/these order(s) were placed against you?

**If you have a current Restraining Order (290A)  
against you, we will need a copy A.S.A.P.**



# Nicklaus Counseling Center, S.C.

\*\*\*If you have an open DCFS or MDHHS case, please provide a copy of your service plan ASAP\*\*\*

## Relationship Questions

What kind of rights should you have in a relationship? \_\_\_\_\_

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What kind of rights should your partner have? \_\_\_\_\_

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Who in the partnership should control what? \_\_\_\_\_

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What responsibilities should your partner have towards you? \_\_\_\_\_

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What responsibilities should you have towards them? \_\_\_\_\_

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How do you and your partner divide up the jobs that have to be done in the family? \_\_\_\_\_

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If your children are from previous relationships, what kind of arrangements do you have to see them or have them stay with you? \_\_\_\_\_

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Is there an arrangement about child support? ☐ Yes ☐ No If yes, what are they? \_\_\_\_\_

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Are you comfortable with this? ☐ Yes ☐ No

Is your ex-partner? ☐ Yes ☐ No

What are your ideas about what kind of parenting children need? \_\_\_\_\_

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Do you or your partner (or ex-partner) agree about discipline? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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Do they have any complaints about your discipline methods? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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What are some typical kinds of things that make you angry? \_\_\_\_\_

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How do you act when you are angry? \_\_\_\_\_

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Have you ever broken things or thrown things when you were angry? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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Do you ever swear, yell, or slam doors? ☐ Swear ☐ Yell ☐ Slam doors



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Do you leave the conversation so you won't have to listen? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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Do you take your anger out on others; for example, a child or family pet? ☐ Yes ☐ No

Was there violence or abuse in your own family when you were growing up? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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Did you witness any violence in your family growing up? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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Has anyone ever been concerned about your drinking or drug use? ☐ Yes ☐ No What was your reaction? \_\_\_\_\_

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Do you drink more when you are angry? ☐ Yes ☐ No If yes, explain \_\_\_\_\_

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Are you feeling depressed or suicidal now? ☐ Yes ☐ No

Do you have any form of personal protection, or any tools for hunting or target practice? ☐ Yes ☐ No

What kind of problems come up between you and your partner? \_\_\_\_\_

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What kind of things do you need from your partner that you feel like you do not get? \_\_\_\_\_

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What things about your partner are hardest to take? \_\_\_\_\_

\_\_\_\_\_

Do you ever feel jealous? ☐ Yes ☐ No What about? \_\_\_\_\_

\_\_\_\_\_

How do you handle the jealousy? \_\_\_\_\_

\_\_\_\_\_

What kind of things do you and your partner tend to argue about? \_\_\_\_\_

\_\_\_\_\_

How do the arguments get settled? \_\_\_\_\_

\_\_\_\_\_

How do you argue with your partner in front of the children? \_\_\_\_\_

\_\_\_\_\_

Does your partner get angry with you? ☐ Yes ☐ No If yes, about what? \_\_\_\_\_

\_\_\_\_\_

Do your children get angry with you? ☐ Yes ☐ No If yes, about what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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When they are angry at you, how do you think they should handle it? \_\_\_\_\_

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Are there things about you that your children do not like? ☐ Yes ☐ No Explain how you know? \_\_\_\_\_

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What kinds of responses do you give them when they let you know about something they don't like? \_\_\_\_\_

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Have you ever had an affair while you were in a committed relationship? ☐ Yes ☐ No

Do you think there has ever been a time when your partner was afraid of you? ☐ Yes ☐ No If yes, explain why

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What did you do about this? \_\_\_\_\_

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Are they afraid of you now? ☐ Yes ☐ No

Have any of your children been afraid of you? ☐ Yes ☐ No If yes, explain why \_\_\_\_\_

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Have you ever forbidden or stopped your partner from doing something they wanted to do? ☐ Yes ☐ No

If yes, did they do it anyway? ☐ Yes ☐ No

If they didn't do it, why do you think they obeyed you? \_\_\_\_\_

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Have you ever deliberately done something to frighten or upset your partner? ☐ Yes ☐ No If yes, explain.\_\_\_\_

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Have you ever hurt your partner physically? ☐ Yes ☐ No If yes, how and when?\_\_\_\_\_

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Have you ever threatened your partner? ☐ Yes ☐ No If yes, how and when?\_\_\_\_\_

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Have you ever insulted, threatened, or hurt your partner in front of the children, or within their hearing?

☐ Yes ☐ No If yes, how and when?\_\_\_\_\_

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Have you ever threatened any of your children? ☐ Yes ☐ No If yes, how and when?\_\_\_\_\_

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Have you every pressured your partner to do something they were uncomfortable with, including sexual behavior?

☐ Yes ☐ No

Have you ever threatened anyone other than your partner? ☐ Yes ☐ No If yes, how and when?\_\_\_\_\_

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# *Nicklaus Counseling Center, S.C.*

## **Violence and/or Abuse**

### **Do not detail the other person's actions**

Describe the incident (or situation) that led *you* to be referred to this program– Do not detail the other person's actions:

Date Occurred: \_\_\_\_\_

Charges: \_\_\_\_\_

To whom was your behavior directed? \_\_\_\_\_

Describe YOUR actions? \_\_\_\_\_

What was your reason for choosing those actions? \_\_\_\_\_

Was this your last incident toward this person? ☐ Yes ☐ No





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If no, when was your *most recent* hurtful behavior toward this person? \_\_\_\_\_

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**By signing this I verify that all things in this assessment are accurate and truthful:**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant printed name

\_\_\_\_\_  
Nicklaus Counseling Center, S.C. Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nicklaus Counseling Center, S.C. Witness printed name



# Nicklaus Counseling Center, S.C.

## Domestic Violence Core Beliefs Pre/Post

Date: Pre or Post (circle one)

Name: \_\_\_\_\_

**Directions:** *In front of each statement, write “T” for True or “F” for False.*

1. Partners in a relationship should treat each other with respect. \_\_\_\_\_
1. How a man treats his partner in the privacy of his own home is his business. \_\_\_\_\_
2. A man and woman should have equal say in a close relationship. \_\_\_\_\_
3. A mother and father should share the responsibility for raising their children. \_\_\_\_\_
4. A man should never raise a hand against a woman. \_\_\_\_\_
5. The tradition of the man as the leader of the family should be honored. \_\_\_\_\_
6. The man should make the decisions about money in the family. \_\_\_\_\_
7. Adults should control their tempers in a heated argument. \_\_\_\_\_
8. Each partner should be able to go out with their own friends without their partner. \_\_\_\_\_
9. It's okay to hit your partner in an argument if you have been hit first. \_\_\_\_\_
10. Everyone should try to help female victims of violence. \_\_\_\_\_
11. Each partner in a relationship should be able to wear what they choose anytime. \_\_\_\_\_
12. Each partner has a right to say “no” to sex at any time. \_\_\_\_\_
13. When a man and a woman are in a relationship, the woman becomes his property. \_\_\_\_\_
14. A man who is violent to his partner should be required to change his behavior. \_\_\_\_\_
15. It is a woman's duty to meet her partner's sexual needs without question. \_\_\_\_\_
16. A man who doesn't fight when he is pushed around will lose respect as a man. \_\_\_\_\_
17. A man and a woman should share responsibility for running the household. \_\_\_\_\_
18. Sometimes hitting is the only way to express your feelings. \_\_\_\_\_



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19. It's a woman's duty to stay in a relationship to keep the family together, even if it's violent. \_\_\_\_\_
20. People should do something if they think a couple is having a violent relationship. \_\_\_\_\_
21. A relationship is defined as violent even if there is no physical violence. \_\_\_\_\_
22. It's natural and okay for a man to act violently, especially if another man is trying to take his woman. \_\_\_\_\_
23. A person who is being abused in a relationship should just leave it in order to be safe. \_\_\_\_\_
24. A person can be scared of a partner long after she is out of the relationship. \_\_\_\_\_
25. An abused partner feels traumatized even after the relationship is over. \_\_\_\_\_
26. It is okay for a partner to hit the other if there is constant nagging. \_\_\_\_\_
27. It is okay for a partner to hit the other if he/she spends too much money constantly. \_\_\_\_\_
28. It is okay for a partner to hit the other if he/she is caught in bed with another person. \_\_\_\_\_
29. It is okay for a partner to hit the other if he/she is hit first. \_\_\_\_\_
30. It is okay for a partner to hit the other if he/she has had a few too many drinks. \_\_\_\_\_
31. It is okay for a partner to hit the other if he/she is drunk. \_\_\_\_\_
32. It is okay for a partner to hit the other if he/she has abused their child or his/her child. \_\_\_\_\_
33. It is okay for a partner to hit the other if he/she finds out the partner has been lying. \_\_\_\_\_
34. It is okay for a partner to hit the other if he/she apologizes afterward. \_\_\_\_\_
35. It is okay for a partner to hit the other if he/she is made to look stupid in front of others. \_\_\_\_\_
36. It is okay for a partner to hit the other if he/she offends family and/or friends. \_\_\_\_\_
37. Protecting children is the responsibility of everyone in the community. \_\_\_\_\_
38. A parent should never hit their child or someone else's child. \_\_\_\_\_
39. Authorities should never take a child away from a mother or father. \_\_\_\_\_
40. A parent should never spank their child or someone else's child. \_\_\_\_\_
41. Children should be allowed to disagree with their parent. \_\_\_\_\_
42. Children should obey adults without question. \_\_\_\_\_



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43. Parents should never lose control of their temper with a child. \_\_\_\_\_
44. Children should be respected as human beings. \_\_\_\_\_
45. A stressed-out parent should be excused for hitting their child. \_\_\_\_\_
46. How parents treat their child is no one else's business. \_\_\_\_\_
47. Too much praise spoils a child. \_\_\_\_\_
48. Picking up a crying baby will spoil that baby. \_\_\_\_\_
49. Children are hurt when their parents yell or argue in front of them. \_\_\_\_\_
50. Children who are yelled at or put down lose their self-esteem. \_\_\_\_\_
51. Young children don't remember times when their parents fought in front of them so they are not affected by it.  
\_\_\_\_\_
52. When a parent beats their children, the children are emotionally harmed. \_\_\_\_\_
53. Children learn better by example than they do by spanking or punishment. \_\_\_\_\_
54. Children who witness violence by parents are more likely to be violent as adults. \_\_\_\_\_
55. When children are hit regularly, they are harmed emotionally and physically. \_\_\_\_\_
56. Children are affected by violence in their home, even if they don't see it. \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Nicklaus Counseling Center, S.C.

## Domestic Violence Intervention Group Agreement

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Attendance Policy:

#### You must read and initial after each statement

1. After eight group sessions, I will be assessed for appropriateness to continue the remainder of the program. If deemed appropriate, I agree to continue and complete the remaining 16 sessions (24 Total).  
\_\_\_\_\_
2. I am expected to attend EVERY session. \_\_\_\_\_
3. I understand that I can miss up to three classes, but will be required to pay for and make up the classes that were missed. \_\_\_\_\_
4. I will notify a group facilitator at least 24 hours in advance if I expect to be absent (except in the case of emergency where I will notify the facilitator as soon as possible). \_\_\_\_\_
5. I agree to pay **\$25.00** per group session. I **must** pay as I go. \_\_\_\_\_
6. I understand I will not be allowed to attend if I do not provide payment in the form of cash/check or Credit Card to Nicklaus Counseling Center. \_\_\_\_\_
7. I understand there will be a **\$35 fee for returned checks**. \_\_\_\_\_
8. I understand I will be asked to leave the group if I am suspected of being under the influence of alcohol or any other drug. This will result in automatic notification of my probation agent/or District attorney.  
\_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Nicklaus Counseling Center, S.C.

## Communication with others:

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **You must read and initial after each statement:**

1. I have correctly given Nicklaus Counseling Center, S.C. the address and phone number of my partner, ex-partner, victim and/or complainant as well as my own. \_\_\_\_\_
2. I will immediately inform Nicklaus Counseling Center, S.C. of any changes therein. \_\_\_\_\_
3. I understand that Nicklaus Counseling Center, S.C. may contact my partner, ex-partner, victim and/or complainant to tell them:
  - a. When I start the program \_\_\_\_\_
  - b. To explain my non-violence plan \_\_\_\_\_
  - c. To inform of ending attendance \_\_\_\_\_
  - d. To report my progress \_\_\_\_\_
  - e. To invite my partner to evaluate my progress \_\_\_\_\_
  - f. To refer my partner to a support program \_\_\_\_\_
  - g. To suggest other options for the children's safety and well-being \_\_\_\_\_
  - h. To give any and all information to a counselor/agent that Nicklaus Counseling Center, S.C. deems necessary \_\_\_\_\_
4. I have accurately reported whether I have previously attended a batterer intervention program and understand that Nicklaus Counseling Center, S.C. may be in contact with that program. \_\_\_\_\_
5. I give Nicklaus Counseling Center, S.C. permission to verify my attendance for prior batterer intervention and obtain all records regarding my case. \_\_\_\_\_
6. Should I become involved in the court of Department of Children and Families or Health and Human Services while attending Nicklaus Counseling Center, S.C. DV Program I agree to:
  - a. Notify Nicklaus Counseling Center, S.C. as soon as possible \_\_\_\_\_
  - b. Give permission to give information to these agencies \_\_\_\_\_
  - c. Give permission to receive information about my case from these agencies \_\_\_\_\_

### **Recordings of Meetings**

1. I understand that some meetings may be recorded or observed for supervisory, monitoring, or training purposes. \_\_\_\_\_
2. I understand that I will be informed whenever a meeting is being recorded or observed. \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Nicklaus Counseling Center, S.C.

## Domestic Violence Intervention Group Rules Agreement

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**You must read and initial after each statement:**

I, \_\_\_\_\_, (participant) agree to the following:

- I will not use physical, emotional, or sexual violence toward others or myself. \_\_\_\_\_
- I will not use verbal and mental abuse toward others, including all threats of violence or suicide, name-calling, or intimidation. \_\_\_\_\_
- I will not physically, sexually, or emotionally abuse my children. \_\_\_\_\_
- I will not injure or destroy pets or property as a means to hurt or control others. \_\_\_\_\_
- I will not engage in abuse of drugs or alcohol, and will not in other ways inflict harm upon myself. \_\_\_\_\_
- 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. \_\_\_\_\_
- I will not withhold child support, nor access to my children. \_\_\_\_\_
- I will not involve myself in legal actions toward others where the main goal is to hurt, harass, humiliate, or control their behavior. \_\_\_\_\_
- I agree that the purpose for my being in this program is to become nonviolent and 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. \_\_\_\_\_
- I will complete all assignments that are given to me by my group leader(s). \_\_\_\_\_

If I break any of the above agreements for ending my violence, I will report this immediately to Nicklaus Counseling Center, S.C.'s Domestic Violence Program and will openly talk about the problem. I will accept the consequences of such behavior, such as interventions including but not limited to, having my participation with Nicklaus Counseling Center, S.C.'s Domestic Violence Program limited, extending my program beyond the 24 weeks, or termination from the program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Nicklaus Counseling Center, S.C.

## Domestic Violence Intervention Release of Information

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give Nicklaus Counseling Center, S.C. permission to give all relevant information to the following individuals and institutions. Nicklaus Counseling Center, S.C. may contact other Batterer Intervention Programs to inquire about my attendance and to obtain any records about my case.

I will cooperate with future requests to sign additional release forms.

Probation Department _____	Officer _____
DCFS Officer _____	Worker _____
Outside Agency _____	Counselor _____
Outside Agency _____	Counselor _____
Other _____	

### Waiver of Confidentiality

**You must read and initial after each statement:**

I understand that Nicklaus Counseling Center, S.C. (NCCSC) Domestic Violence Program is providing educational services. NCCSC will not be offering medical or psychological diagnosis, prognosis, or treatment, nor any legally binding confidentiality privileges, which are available to clients of licensed social workers, psychologists, or physicians. \_\_\_\_\_

### Outside Services

**You must read and initial after each statement:**

If related personal problems exist or surface, such as mental health problems, alcohol, or other drug abuse issues, I will seek appropriate treatment as a condition of my continued involvement with Nicklaus Counseling Center, S.C.'s Domestic Violence Program. I will cooperate with measures to assess such problems, if so requested by Nicklaus Counseling Center, S.C.'s Domestic Violence Program. \_\_\_\_\_

I HAVE READ, FULLY UNDERSTOOD, HAD MY QUESTIONS ANSWERED AND AGREE WITH THE ABOVE STATED INFORMATION.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Nicklaus Counseling Center, S.C. Witness Date

Group Leader(s) \_\_\_\_\_