

26-WEEK BIP TREATMENT INTAKE

CLIENT NAME: _____ DOB _____

CASE NO. _____ PHONE NUMBER: _____

ADDRESS: _____ EMAIL _____

PROBATION OFFICER: _____ LAWYER NAME: _____

ENROLLMENT and material fee: \$95 ☐ I can pay it today in full ☐ I have to make payments on top of class fee
CLASS fee: \$30 ☐ Pay \$30/week ☐ \$60/2xmonth ☐ \$120/month
PROGRAM FULL COST ☐ \$875* for 26 weeks ☐ \$455* total 12 weeks *(enroll fee + class material)

YOU ARE SCHEDULED TO START ATTENDING CLASS ON:

DO YOU HAVE A RESTRAINING ORDER? (No contact with identified victim) ☐ Yes ☐ No
or

DO YOU HAVE A M.A.T.H. ORDER? (Limited contact with No Argument, Threats, Harass) ☐ Yes ☐ No

Has court requested you also attend Alcohol/Drug Treatment? ☐ Yes ☐ No

PLEASE CHOOSE ONE ONLINE GROUP OPTION:

MONDAYS

- ☐ 5-7pm men
- ☐ 715-915pm

TUESDAYS

- ☐ 5-7pm
- ☐ 715-915pm

WEDNESDAYS

- ☐ 5-7pm
- ☐ 715-915pm

By enrolling in the 26 Week Treatment Program, I agree to pursue the program goals below and the following Program rules and expectations:

1. To accept *full responsibility* for my behavior that is threatening, abusive, or violent.
2. To *attend and participate* regularly to remain compliant with my court order.
3. To actively *practice my new skills* rather than acting threatening, abusive, or violent.
4. To actively *use my groups for support* and receiving constructive feedback.
5. To understand that taking this class is a *privilege and is a serious opportunity* to improve my current situation.



ANGER MANAGEMENT
SPECIALISTS

CONSENT AND RELEASE OF INFORMATION

As a client, you have certain rights to confidentiality, which are guaranteed. However, because you have been mandated to attend counseling, the legal system puts certain limitations on your confidentiality, which are important for you to understand.

GENERAL CONFIDENTIALITY: All communications between you, your counselor and the staff of AMS are confidential, and will only be discussed within the agency for the purpose of clinical supervision or case management. Information which you share here will not be discussed or divulged to anyone without your permission, except as outlined below or in the following unlikely circumstances:



- If you threaten to harm yourself or another person
- If we have reason to suspect that a child, disabled or elder person has been abused
- If your records or your counselor are subpoenaed by a judge.

IF YOU ARE COURT ORDERED TO ATTEND THE DOMESTIC VIOLENCE TREATMENT PROGRAM, AMS IS REQUIRED BY LAW TO RELEASE THE FOLLOWING INFORMATION, WHICH FURTHER LIMITS YOUR CONFIDENTIALITY:



PLEASE READ CAREFULLY: By signing below you acknowledge that:

- **AMS is required to report any violation of a protective order.**
- **AMS** is required to report any threats that you make against ANYONE, to the agencies monitoring your case, which may include the Probation Department, District Attorney or Judge.
- **AMS** is required to inform the victim that you are enrolled in this Court Mandated Domestic Violence Program, and that your attendance does not guarantee that you will not be violent.
- **AMS is required to submit to the Probation Department and/or Courts the following:**
 - Proof that you have enrolled in the program.
 - Progress reports with information about attendance, level of participation, payment history and overall compliance.
 - A final evaluation including an assessment of your progress and recommendation for successful or unsuccessful termination or continuation of treatment.
- ***You** are required to authorize the Court, the Probation Department, and any other law enforcement agencies to exchange with **AMS** any information necessary for them to monitor your activity in the Program. I have read the above information. I agree to attend program and I authorize Anger Management Specialists to release the information indicated above as required by law. I authorize Anger Management Specialists to release to the Court and to the Probation Department any information necessary for them to monitor me in the Court Mandated Batters' Program. I understand that my counselor works under the supervision of a licensed Marriage, Family Therapist. I understand that I have the right to receive a copy of the above information upon request. I understand that I have the right to revoke my authorization to release information. Anger Management Specialists will, upon such revocation, will notify the Court of my disqualification and of the reason for that disqualification.*



Client Signature: _____ **Date:** _____

AMS Representative's Signature: _____ **Date:** _____



**ANGER MANAGEMENT
SPECIALISTS**

BATTERER INTERVENTION PROGRAM RULES AND EXPECTATIONS

I, (YOUR NAME) _____, agree to the following terms and conditions of the Court Ordered Domestic Violence Program. Any violations of this agreement are grounds for immediate termination and possible violation of your court order. By signing below, you understand and agree to the following:

➔ I understand that any incident of violence, threat of violence or abusive behavior that occurs inside/outside of group will be reported to my group leader. Any incidence of violence against the victim, or any other person, must be reported by the program as required by law.

➔ I understand that attending this Program is a privilege and not a right, and that failure to abide by Program rules will result in my disqualification and referred back to Court.

➔ I will attend all 26 weeks of sessions with allowed 3* absences excused or unexcused. I will be charged \$30 for any absence that I do not excuse 24 hr. in advance. Excused absences count and proof is required to be deemed excused (medical note, MD note, pharmacy bill, any documentation to show that you were experiencing an emergency)

➔ **After missing three classes I will be dismissed from class and probation will be notified. I also understand that if I am dismissed, I may be in violation of probation and I may have to re-enroll to start program from start. You will be required to pay the re-enrollment fee (\$35).**

➔ I will participate actively in discussions and read and complete weekly homework assignments prior class.

➔ To respect the privacy and confidentiality of other clients at all times.

➔ I will not use alcohol/drugs within 24 hrs. Prior to any group. If suspected of having used, I will be excused.

➔ Organize my day schedule for class: Online classes require to be settled in a quiet space to focus. I will not be driving, working, multi-tasking, and watching TV, babysitting while in online class.

➔ Cell phone (other than for class), chatting, texting, emailing or taking pictures are not permitted.

➔ Ask questions if I am confused about the material presented.

➔ I will not participate in any abusive behavior towards any person in-group or outside of program.

➔ Remarks, comments, or jokes of a racist, sexist or deliberately hurtful nature will not be tolerated.

➔ I will not participate in any couples counseling until I complete my program.

➔ To notify the Program immediately if I am in jail for any reason, or have a third party tell for me.

➔ Pay the enrollment fee of \$95. The cost per week class is \$30 or more if I want to pay ahead of time.

A \$30 service fee will be added for all returned checks and you can no longer give checks.

➔ If I accrue a balance of \$150, you may ask for a payment plan. I am responsible to budget and/or ask for help from people I know first, and keep track of my attendance and payment with attendance log below. If I have financial difficulties, I will ask for a Financial Evaluation and provide proof of income for possible financial aid.

➔ I understand that the program staff will report to the Court and/or Probation to report if you abide by your payment plan set with program.

➔ Client Signature: _____ Date: _____

AMS Representative's Signature: _____ Date: _____



ANGER MANAGEMENT
SPECIALISTS

CLIENT INFORMATION

I. RELATIONSHIPS: Are you still in a relationship with this person Spouse's/partner's/girlfriend/ involved in DV case ☐ Yes ☐ No If yes, How long together? _____

Do you have children with them? ☐ Yes ☐ No, If yes, how old? Do they live with you? With Mom? Both? _____

Have you ever felt like you should cut down on your alcohol or drug use ☐ Yes ☐ No

Has a friend or relative ever discussed concerns about your use? ☐ Yes ☐ No

Are you a recovering alcoholic or a recovering drug addict? ☐ Yes ☐ No

Is there a history of problems with alcohol or drug use in your family? ☐ Yes ☐ No

II. PERSONAL HEALTH:

Are you currently taking any medications? ☐ Yes ☐ No. If YES What? _____

Are you disabled in any way? ☐ Yes ☐ No Please explain: _____

Were you ever evaluated for ☐ Learning disabilities ☐ Dyslexia ☐ Hyper Attention Deficit ☐ No

Have you ever been in the care of a doctor or psychiatrist for any length of time? ☐ Yes ☐ No

Have you been in counseling or therapy before? ☐ Yes ☐ No

If yes, When? Name and phone number of your current Counselor: _____

Have you ever spent time in juvenile hall, a state youth authority, jail or prison? ☐ Yes ☐ No

If yes, when, for how long and why? _____

Please describe your current support system closest to you such as family, friends, counselors, sponsors etc. _____

III. FAMILY OF ORIGIN: Please briefly describe the environment you grew up in. Was it safe and peaceful at home? Did parents argue a lot? Did you see violence at home? Did someone hurt you in anyway? Divorce? Death in family? Drug/Alcohol abuse in family? Was something wrong but couldn't tell? Its' ok to tell us.

Anything else you would like us to know specifically?: _____





Assigned class on: _____ at _____ every week.

YOUR ONLINE CLASS LINK IS: _____

Your class fee is: _____ Your total balance is: _____

| | | | | | | | | | |
|---|------|---|------|-------|--|------|---|------|-------|
| CLIENT NAME: _____ | | | | | | | | | |
| | Date | A | Paid | Staff | | Date | A | Paid | Staff |
| Intake | | | | | 14 | | | | |
| 1 | | | | | 15 | | | | |
| 2 | | | | | 16 | | | | |
| 3 | | | | | 17 | | | | |
| 4 | | | | | 18 | | | | |
| 5 | | | | | 19 | | | | |
| 6 | | | | | 20 | | | | |
| 7 | | | | | 21 | | | | |
| 8 | | | | | 22 | | | | |
| 9 | | | | | ASSESSMENT FOR COURT REVIEW- PAY OUTSTANDING BALANCE TO GRADUATE ON TIME | | | | |
| 10 | | | | | | | | | |
| ASSESSMENT FOR COURT REVIEW | | | | | 23 | | | | |
| 11 | | | | | 24 | | | | |
| 12 | | | | | FINAL PRESENTATION DUE ON 25 TH IN CLASS | | | | |
| 13 | | | | | | | | | |
| You must REDUCE your debt if you owe \$150 or more | | | | | 25 | | | | |
| | | | | | PAY OUTSTANDING BALANCE IN FULL TO GRADUATE. OR BE PLACED ON HOLD AND NO COMPLETION UNTIL YOU DO | | | | |
| | | | | | 26 | | | | |

- ✓ EXCUSE YOUR ABSENCES 24HR IN ADVANCE: TEXT 805-242-2502 WITH PROOF. ALL ABSENCES GET RECORDED.
- ✓ AFTER 3 ABSENCES= TERMINATION
- ✓ \$30 charge for any unexcused absences.
- ✓ Be 5 minutes early and ready with homework completed.
- ✓ 10 minutes late is an excused absence.
- ✓ Make regular payments here: **MAKE PAYMENTS**



ANGER MANAGEMENT
SPECIALISTS