

**PROGRAM ENROLLMENT
AGREEMENT AND CONTACT**

CLIENT NAME: _____ DOB _____

CASE NO. _____ PO: _____

ADDRESS: _____ PHONE NUMBER: _____

EMAIL _____ ATTORNEY: _____

DO YOU HAVE A RESTRAINING ORDER? (No contact w/ identified victim) Yes No

DO YOU HAVE A M.A.T.H. ORDER? (Peaceful contact w/ identified victim) Yes No

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

ENROLLMENT COST: \$95 \$75 and class material \$20

CLASS FEE PER WEEK: \$30 I need my finances evaluated for 26 week program **** Must complete financial evaluation form provided and provide copy of proof of income. Program cannot reduce fees without proper documentation.**

I NEED TO ENROLL IN: 26 weeks 12 weeks/\$499 AB109

PLEASE CHOOSE ONE ONLINE GROUP OPTION:

MONDAY

- 5-7pm
- 715-915pm

TUESDAY

- 11am-1pm
- 5-7pm
- 715-915pm

WEDNESDAY

- 5-7pm women
- 5-7pm men
- 715-915pm

CLASS ZOOM AND PAYMENT LINK:

<https://www.amspecialists.org/classes.html>

****Do not attend another group without staff permission****

Text 24hr in advance to make up an absence 805-242-2502

By enrolling in the 26 Week Treatment Program, completing and signing this form in full, I agree to pursue the following:

1. To accept **full responsibility** for my behavior that is threatening, abusive, or violent.
2. To actively **practice my skills** rather than acting threatening, abusive, or violent.
3. To actively **use my groups for support** and take the opportunity seriously

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 PROGRAM, ANGER MANAGEMENT SPECIALISTS [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.
 - Quarterly progress reports with Information about attendance, payment history and 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 and have had it explained to me. I agree to attend counseling and I authorize Anger Management Specialists [AMS] to release the information indicated above as required by law. I authorize AMS to release to the Court and Probation Department any information necessary for them to monitor me in the 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. This revocation will apply only to information that has not already been divulged, and will result in my disqualification from the Program. [AMS] will, upon such revocation, retain the right to immediately notify the Court or the Probation Department of my disqualification and of the reason for that disqualification.

Client Signature: _____ **Date:** _____

AMS representative: _____ **Date:** _____

BATTERER INTERVENTION PROGRAM **RULES AND EXPECTATIONS**

ACCOUNTABILITY

I, [REDACTED], 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. 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.

PLEASE CHECK BOXES TO ACKNOWLEDGE 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 will respect the privacy and confidentiality of other clients at all times. I will not use alcohol/drugs within 24hr of class. If suspected of having used, I will be excused.
- 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.

ATTENDANCE

- I will participate in ongoing same-gender group sessions
- I will to my best to attend all sessions consecutively. A requirement that excludes any couple counseling, family counseling, or both.
- I am allowed only three absences, either excused or unexcused. I will be charged \$30 for any unexcused absence that I do not excuse 24 hr in advance. Absences are deemed excused with proof of emergency (medical note, MD note, pharmacy bill, any documentation). Excused absences count towards the allowed three.
Call/text 805-242-2502
- After three missed classes, I may 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. Re-enrollment fee is \$35.

VIOLENCE

- I understand that any incident of violence such as physical, emotional, sexual, economic, and verbal abuse, threat of violence or abusive behavior that occurs inside/outside of group will be reported to probation. Any incidence of violence against the victim, or any other person, will be reported by the program as required by law.

VICTIM Program is required to inform the victim that you are enrolled in this DV Program, and that your attendance does not guarantee that you will not be violent.

SUBSTANCE FREE

- I will not use alcohol/drugs within 24hr of class. If suspected of having used, I will be excused from class.

PARTICIPATION

- I will read/ complete my weekly homework assignments ahead of time, and be prepared to participate in class.
- I will be settled in a quiet space and alone. I will not be driving, working, multi-tasking, watching TV, babysitting or any other activity while attending online class or I will be excused.
- I will not use my cell (other than for Zoom). Texting, emailing or taking pictures while in class is not permitted.
- I will ask questions if I am confused about the material and homework presented.
- Remarks, comments, or jokes of a racist, sexist or deliberately hurtful nature will not be tolerated.

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

CONFIDENTIALITY

I will respect the privacy and confidentiality of other clients at all times. Nobody should be listening to or looking into your group discussions.

PAYMENTS

I will contribute financially regularly the best I can by making payments or I can pay in full to be ahead.

I cannot accrue a debt of \$200+. If I have financial difficulties, I will ask for a Financial Evaluation and provide proof of income. Requesting to be evaluated is a process and does not guarantee a fee reduction

AB109 defendants are responsible to pay any unexcused absences fees (\$30) due to the fact that AB109 does not pay for unexcused absences

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: _____

KEEP TRACK OF YOUR CLASSES AND PAYMENTS

	Date	Paid
Intake		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
CLEAR YOUR BALANCE		

	Date	Paid
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
CLEAR YOUR BALANCE TO GRADUATE and COMPLETE EXIT INTERVIEW		
26		