

PeaceWay Counseling & Mediation Services, Inc.
2405 Bemiss Road
Valdosta, Georgia 31602
Tel. (229) 333-2351
Fax (229) 333-2353

Family Violence Intervention Program (FVIP) Contract

Instructions: Read each line and place your initials on the line beside each statement.

_____ 1. I understand that I must participate in the initial orientation and an intake/screening interview. I understand that neither the orientation nor the intake/screening interview count towards the 24-class requirement.

_____ 2. I will attend a minimum of at least **twenty-four (24)** once a week group classes. I understand that class is at least ninety (90) minutes in length. I will be on time participating adequately, paying all required fees, completing all assignments and adhering to the contract.

_____ 3. I understand that I am **allowed three (3) unexcused absences**. I understand **that four (4) absences will result in automatic termination** from the program unless a leave of absence has been approved by the referral source and the PeaceWay program consultant, prior to the fourth absence. Tardiness is considered an absence after the third tardy. **If you are terminated from the group you will be subject to a re-enrollment fee of \$75.**

_____ 4. I understand that if I fail to attend class for a medical reason I am responsible for providing a detailed and written medical excuse with 24-hours of the absence for consideration by Program Director.

_____ 5. I understand that I am responsible for all fees to be paid at the time service is rendered. Payment must be in the form of a money order, cashier's check, credit or debit card. (each class is \$35) **NO CASH AND NO PERSONAL CHECKS.** If Debit or Credit Card is used there will be a \$3 processing fee.

_____ 6. I agree to immediately stop all violence and abuse toward the victim
_____ and others.

_____ 7. I agree to remove from the place of residence all weapons used to threaten or harm the victim.

_____ 8. I understand that classes may be suspended due to unpaid balances.

_____ 9. I agree to respect any effort by the victim to leave the relationship.

_____ 10. I agree to be alcohol and drug free for all FVIP classes and I understand that random drug tests are performed at my expense (\$40).

_____ 11. I will complete the FVIP where I originally enrolled unless approval to change FVIPs is obtained from the court or other referral and the PCMS program director.

_____ 12. I understand that reporting to class without the handbook will result in an extra class for each day that I report to class without my book. If I must replace the handbook, then I must pay \$25 to obtain a new book.

_____ 13. I understand by signing this contract I authorize the release of all information and acknowledge that FVIPs do no limit confidentiality and may release information to victims, victim liaisons, referring courts, law enforcement, Department staff and monitors, the Department's Probation Division, the Board of Pardons and Paroles. Participants also acknowledge the FVIP's duty to warn policy, mandatory reporting requirements, victim contact policies, and programmatic responses to continued violence or breaking the contract.

_____ 14. I understand that there is a dress code for attending sessions. No tank tops, short shorts, or article of clothing displaying drug related wording or pictures.

I have read or had read to me the above statements, and I understand my responsibilities outlined in this contract for participation in the Family Violence Intervention Program (FVIP). Therefore, my signature signifies that I accept and agree to the requirements and rules of the FVIP program.

Print Full Name (Legal Name)

Signature of Full Name

Date

PCMS Staff Witness Signature

Date



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CLIENT DEMOGRAPHICS

Name: _____

DOB: _____ Gender: _____ Race: _____

Social Security Number: _____ Email: _____

Telephone Number: Cell _____ Home: _____

Street Address: _____

City, State, Zip Code: _____

Probation Office: _____ Probation Officer: _____

Marital Status: Never Married _____ Married _____

Divorced: _____ Widowed: _____

Employment Status: Employed _____ Unemployed _____ Disabled _____

Full-time Student: _____ Retired _____

Emergency Contact: _____ Ph: _____

Armed Forces Veteran: Yes _____ No _____