

VCS Community Change Project Domestic Violence Program for Men

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Court Referral Form

Please provide a copy of this Referral Form to the referred person and fax to 845 634-7839.

Referred person must call 845 634-5729 or 845 565-1234 to schedule a registration appointment. This must be done before 5:00 PM on

_____, _____ 2009.
Day Date

Failure to do so will be immediately reported to the court.

Date: _____ Docket/Case #: _____ DOB: _____

1. Person referred:

Name: _____ Phone (day): _____

Address: _____ Phone (eve): _____

_____ Primary Language: _____

2. Did this referral involve an arrest? Yes No

3. Is there an order of protection against this person? Yes No Unknown

4. Attendance in Domestic Violence Program for Men is a condition of a/an:

- Probation Conditional Discharge (CD)
 Order of Protection Adjournment in Contemplation of Dismissal (ACD)
 Sentence Other _____

5. Length of order: 52 sessions 26 sessions

6. Next scheduled court date: _____

7. Who shall receive copies of reports other than the Court and the District Attorney's Office?

Name: _____ FAX: _____

Please check one: Attorney Public Defender/Legal Aid 18B Other _____

8. If you wish to receive attendance information other than referred person's compliance or non-compliance with Domestic Violence Program for Men policies, please indicate frequency below.

Every 4 weeks Every 8 weeks Absences Other: _____

9. Court: _____

Judge: _____ FAX: _____

Received by _____
Referred Person Signature

So ordered by the Honorable _____

03/09