

VCS Community Change Project Domestic Violence Program for Men

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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 to schedule a registration appointment. This must be done before 5:00 PM on

_____, _____ 2010.
Day Date

Failure to do so will be immediately reported to the referring agent.

Date: _____ Docket/Case/NYSID #: _____ 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)
 Parole Other _____

5. Length of order: 52 sessions 26 sessions

6. Who shall be notified of referred person's compliance or non-compliance with Domestic Violence Program for Men policies and procedures?

A. _____ Fax #: _____

B. _____ Fax #: _____

7. 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: _____

8. Referral source/s: (please fill in all that apply)

Court: _____ Judge: _____

ADA/PO: _____ Other: _____

9. Name, title and phone # of person filling out this form: _____

03/09