

REFERRAL TO FAMILY VIOLENCE EDUCATION PROGRAM AND OUTCOME REPORT

JD-FM-105 Rev. 9-11
C.G.S. § 46b-38c; PA 11-152

CONNECTICUT SUPERIOR COURT COURT SUPPORT SERVICES DIVISION FAMILY SERVICES www.jud.ct.gov



Instructions to the Family Relations Counselor

Upon referral of the defendant to the Family Violence Education Program, fill in the defendant's address below, complete Sections 1 and 2, and forward to the Contract Services Provider.

Instructions to Contract Services Provider

At the completion of the defendant's participation in the Family Violence Education Program or upon earlier discharge from the program, complete Section 3 of this form and return to C.S.S.D. – FAMILY SERVICES, SUPERIOR COURT at the address below.

Family Relations Counselor		Docket number
Court location		CMIS CA number
Street address	Town, city, zip code	Telephone number

Section 1

Defendant name (Last, first, middle) and address		Gender	Home telephone number	Alternate telephone number
		Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work hours	Work telephone number
Year of birth	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native America/Alaskan Native <input type="checkbox"/> Other: _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Defendant's primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Limited English proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Arrest Data	Charges (Check type and write in degree)
Arrest date	<input type="checkbox"/> Assault _____ <input type="checkbox"/> Threatening _____
Referral date	<input type="checkbox"/> Sexual assault _____ <input type="checkbox"/> Breach of peace _____
Continuance date	<input type="checkbox"/> Strangulation _____ <input type="checkbox"/> Harassment _____
Date of first class	<input type="checkbox"/> Reckless endangerment _____ <input type="checkbox"/> Criminal trespass _____
	<input type="checkbox"/> Kidnapping _____ <input type="checkbox"/> Criminal mischief _____
	<input type="checkbox"/> Unlawful restraint _____ <input type="checkbox"/> Disorderly conduct _____
	<input type="checkbox"/> Violation _____ <input type="checkbox"/> Other _____
	(P.O., T.R.O., R.O., S.C.P.O., Probation, Parole, Conditions of Discharge)

Firearm Disclosure <input type="checkbox"/> Defendant allegedly possessed one or more firearms at arraignment	Risk Assessment DVSI-R score: _____ DVSI-R level of risk: _____	Protective Order/Restraining Order <input type="checkbox"/> Protective order in force <input type="checkbox"/> Full no contact <input type="checkbox"/> Residential stay away <input type="checkbox"/> Partial <input type="checkbox"/> Restraining order in force <input type="checkbox"/> Full no contact <input type="checkbox"/> Residential stay away <input type="checkbox"/> Partial
Nature of Violence <input type="checkbox"/> Threatening <input type="checkbox"/> Verbal conflict <input type="checkbox"/> Property damage <input type="checkbox"/> Physical violence <input type="checkbox"/> Use of weapon <input type="checkbox"/> Sexual assault		

Relationship (Defendant-Victim) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Civil union <input type="checkbox"/> Dissolution of Civil union <input type="checkbox"/> Unmarried couple <input type="checkbox"/> Child in common <input type="checkbox"/> Parent/child <input type="checkbox"/> Relatives <input type="checkbox"/> Other _____	Living Arrangements <input type="checkbox"/> Same household <input type="checkbox"/> Separate residence Children Total number of children in the home _____ Ages _____ <input type="checkbox"/> Referred to the Department of Children and Families	Substance Abuse/Mental Health <input type="checkbox"/> Existence of substance abuse <input type="checkbox"/> Alcohol <input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Drugs <input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> Mental health treatment or counseling <input type="checkbox"/> Current <input type="checkbox"/> Prior Specify: _____ <input type="checkbox"/> Currently participating in court-ordered treatment <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____
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Section 2

Summary of the arrest incident, including a description of the defendant's violent behavior:

Has the defendant been arrested in the past for family violence? ☐ Yes ☐ No If yes, include significant information regarding the number of arrests, severity of prior incidents, and types of prior family violence interventions or treatment:

Have children been subjected to and/or witnessed the defendant's violence? ☐ Yes ☐ No If yes, explain:

Did the pattern of family violence escalate or increase in frequency leading up to the arrest? ☐ Yes ☐ No If yes, explain:

Other relevant information:

Section 3 — Outcome *(To be completed by contractor)*

Program Outcome

The defendant named above is no longer in the Family Violence Education Program and was discharged from the program for the following reason or reasons:

☐ Program requirements completed ☐ Lack of attendance ☐ Lack of participation

☐ Disruptive behavior ☐ New arrest ☐ Substance abuse ☐ Other specify: _____

Program/Facilitator Observations and Concerns at Discharge:

Recommendations for continued actions:

Preparer	Address	Telephone number	Date
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