



A NY Model Batterer Program ~ www.nymbp.org **VCS Domestic Violence Program for Men**

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Referral Form

Please fax this form to:
845 634-7839
and provide a copy to the
referred person. Thank you.

Referred person must call 845 634-5729 x310 to schedule a registration appointment. This must be done before 5:00 PM on

_____, _____ 2020.
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:

- | | |
|--|---|
| <input type="checkbox"/> Probation | <input type="checkbox"/> Conditional Discharge (CD) |
| <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Adjudgment in Contemplation of Dismissal (ACD) |
| <input type="checkbox"/> Sentence | <input type="checkbox"/> Other _____ |

5. Length of order: 52 sessions 26 sessions

6. Who shall be notified of referred person's compliance or non-compliance with the VCS Domestic Violence Program for Men's 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 the VCS Domestic Violence Program for Men's policies, please indicate frequency:

Every 4 weeks Every 8 weeks Absences Other: _____

8. Referral Sources

Court: _____ Judge: _____

ADA/PO: _____ Other: _____

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

Phone _____ Email: _____

2020

