



# VCS Domestic Violence Program for Men

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## Court Referral Form

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

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

\_\_\_\_\_, \_\_\_\_\_ 2018.  
Day Date

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

Date: \_\_\_\_\_ Docket/Case #: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Person Referred: \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP 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 \_\_\_\_\_ 2018

