



Pathways to Family Peace Men's Videoconference Domestic Violence Program Client Information

Referral Agency Information

Date this form is being completed:

Name of Agency that Referred You:

Name and Position of Person Who Referred You:

Work Phone:

E-mail address:

Client Information

First Name:

Middle Name:

Last Name:

Date of Birth:

Street Address:

City, State, and Zip Code:

E-mail address:

Phone Number:

Ethnicity / Race:



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1. Are you currently on probation or parole?

Yes. If yes, for how long?

No

2. Pathways to Family Peace is required by statute in the state of Minnesota to contact all victims of clients who are court ordered to attend a domestic abuse program. Please provide the following information for that purpose:

Name of victim:

Phone number for victim:

Street Address for victim:

City, State, & Zip Code for victim:

3. Please describe in detail the reason you were referred to this program:

4. Have you attended a domestic violence program before?

Yes. When and where?

No



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5. Have you been referred to a chemical dependency program in the past or are you currently enrolled in one?

Yes. When and where?

No

6. Do you have a history of mental illness or cognitive challenges that the program facilitators should be aware of?

Yes. Please explain:

No

7. Are you employed?

Yes. If yes, Full-time. Part-time or Seasonal

No

8. Do you have children living in your home or biological children?

Yes. If yes, how many?

No



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9. Is there currently an order for protection (OFP) or Domestic Abuse No Contact Order (DANCO) in place restricting your contact with the victim?

Yes. If yes, please check one or both of the following: OFP

DANCO

No

10. I understand and agree to the following (click each box after you have read and agree with the statement):

I understand that I am participating in a videoconference men's non-violence program.

In order to complete the Pathways to Family Peace program I must participate in an intake session, pay the intake fee, attend 27 sessions, pay the fee for each of the 27 sessions, and complete an exit interview.

Each session lasts 90 minutes in length.

I am responsible for having my own reliable internet connection with an audio connection and a webcam that will provide quality video connection.

I am responsible for ensuring that I have a confidential and quiet space during the 90 minutes of the group process.



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- I will use a headset of some type for better quality audio during the session and to help ensure confidentiality of other participants.
- I understand that I that I cannot use a cellular phone or cellular data to participate in this program.
- I understand that I must use a tablet, laptop computer or desktop computer with a webcam and reliable internet.
- I may be asked to agree to additional terms for participating in the group process.
- The facilitators of the group process will not provide an opinion, expertise, or recommendation about whether or not I will conduct any further acts of domestic violence.
- The facilitators of the group will report to my referral agency about my attendance and completion of the program.
- I can be absent three times in total from the group. On my fourth absence I will be suspended. I understand that the facilitators do not accept "excused" or "unexcused" absences.
- If I am late logging on to the group and attend late I will not be counted as absent, but I also will not get credit for that group if I am more than 7 minutes late.
- I understand that there are fees to participate in this group and that a group session is not considered complete until I have made payment for that group session.



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Additional comments you want the facilitators to know: .

By typing my name in this box, it will serve as my electronic signature to the terms of this group:

Please e-mail this form to: pathwaystofamilypeace@gmail.com

Please call Melissa or Lori at 218-506-0116 for any questions or comments.