

**AGENCY:**

**Telephone:**

**FAX:**

**E-mail:**

**REPORT FOR THE MONTH OF AUGUST**

- 4<sup>th</sup> Judicial Probation, Probation Officer \_\_\_\_\_
- TI Probation, Probation Officer \_\_\_\_\_
- Deferred Sentence: DV Case Monitor \_\_\_\_\_  Other:

**CLIENT DATA**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Case #:** \_\_\_\_\_ **Div. #:** \_\_\_\_\_  
**Client Reports a Change of Address/Telephone:**  Yes  No  
**Client's Known Address/Telephone:** \_\_\_\_\_

**Client Fees:** Pays \$ \_\_\_\_\_ Per Session **Past Due Balance** \$ \_\_\_\_\_

**Client is in Compliance with all Conditions of the Program:**  Yes  No

**If Not in Compliance, State Reasons Why:**

**Defendant has Attended a Total of** \_\_\_\_\_ **Sessions** **Total Number of Sessions Absent:** \_\_\_\_\_

**Date(s) Absent:** \_\_\_\_\_

**Attends Group on Monday at** \_\_\_\_\_ **AM**

5 (consistently) 4 (often) 3 (sometimes) 2 (rarely) 1 (never)	Satisfactory		Marginal	Unsatisfactory	
Client Demonstrates the Following:	5	4	3	2	1
Participates actively in group, shows respect for facilitators and group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentiveness during sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of responsibility for abusive behavior, including presenting offense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy for the victim's experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing strategies to prevent reoccurrence of violent and abusive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of the effects of violence on children/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disclosure with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to constructive personal change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension of topics discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Topics Covered:**

**Additional Sessions Recommended:**  Yes  No # Sessions: \_\_\_\_\_

**Concurrent Counseling Recommended:**  Yes  No Type: \_\_\_\_\_

**Alternate Program(s) Suggested:** \_\_\_\_\_

**Comments Regarding Progress:** \_\_\_\_\_

\_\_\_\_\_  
 Treatment Provider Signature

February 5, 2008  
 Date

**Disclaimer:** The assessments made in this report reflect this facilitator's observations of the client's behavior and is in no way a guarantee of future behavior regarding the issue of domestic violence.