

Probation Referral

(Provincial Family Violence Treatment Program)

Probation Information				
Date of Referral (<i>dd-Mon-yyyy</i>)	Probation Officer Name (<i>print</i>)			
Probation Officer Phone	Probation Officer Email			
Probation Officer Fax	Probation Office Address			
Is Children Services involved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Community Corrections Referred		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Community Treatment Supervision				
Client Sentenced		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Next Court Date _____
Client on Release Conditions		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a No Contact Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Client on Peace Bond		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an Emergency Protection Order (EPO) in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Client Information				
Last Name		First Name		
Middle Name		Gender		Date of Birth (<i>dd-Mon-yyyy</i>)
Address		City		Province Postal Code
Cell Phone <input type="checkbox"/> N/A		Home Phone		Work Phone
Able to leave voice/text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to leave voice/text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to leave voice/text message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email			Preferred Method of Contact	
Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Common-Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Client currently involved with Partner in index offence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Probation Referral Package Supporting Documentation Checklist				
<i>(ensure all available supporting documents below are included in the referral package).</i>				
Signed Consent to Release Information form attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Violence Investigation Report (FVIR) attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Probation summary attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(To minimally include summary of police circumstances, SPIN assessment, criminal record, court orders, summary of Client Intimate Partner Violence (IPV) history, Service Planning Instrument (SPIN), and pre-sentence report.)</i>				
I-TRAC Reports attached		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

The collection of personal information on this form is legally authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the purpose of processing referrals and providing health services to the client as authorized under 20(b) and 27(1)(a) of the Health Information Act (HIA). If you have any questions about the collection or use of information or the completion of this form, please email provincialfamilyviolence@ahs.ca.

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Additional Risk Factors Comments (based off SPIN, other Risk Assessment Tool[s], Pre-Sentence reports that are relevant to the Intimate Partner Violence matter)

Referred to Provincial Family Violence Treatment Program Agency

PFVTP Agency the Client was referred to

Agency Address

Contact Number

Probation Officer Name *(print)*

Probation Officer Signature

Date *(dd-Mon-yyyy)*