

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 Client on Release Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No Client on Peace Bond <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Next Court Date _____ Is there a No Contact Condition? <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)*