

DVSD PROGRAM, PO Box 1572, Hillsboro, OR 97123

REFERRAL FOR OFFENDER PARTICIPATION (print, fill out and mail to DVSD)

Contact information for referring counselor/group program:

Agency Name:

Counselor Name:

Address of Agency:

City:

State:

Zip:

Counselor's Telephone:

Email:

Counselor's Cell phone:

Will counselor serve as Client's support person? Yes No

Contact information for client:

Name:

Telephone/Cell phone:

Mailing Address:

Email:

City:

State:

Zip:

Client's preferred method of contact: Phone Cell phone Email

Is it okay to leave messages? Yes No

Demographics of client:

Information collected in this application is used for matching survivors and offenders with similar histories, and for providing demographic statistics to funding sources. Identity of clients is kept confidential.

Ethnicity:

Employed: Full time

Part time

Unemployed

Select One: Male Female

Language:

Age:

- 1) First and last name(s) of past victims, as well as date of birth/age if know. *(This is to insure that clients paired for a Dialogue do not have a previous relationship or acquaintance.)*
- 2) How many months/years was the client abusive in relationship(s)?
- 3) How long has it been since the client was last abusive?
- 4) Has the client been arrested or in jail for domestic violence abuse (and when)?

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- 5) Does the client have contact with the last victim? If yes, please describe.

- 6) What type of abuse was perpetrated by the client? (i.e. physical, emotional, sexual, financial, etc.) Please provide examples or be as detailed as needed.

- 7) If the client has children (or step-children), please list first names and ages.

- 8) In what way does the client believe the children were affected by the abuse in the home?

- 9) What reason(s) does the client have for wanting to participate in DVSD? Please be as specific as possible.

- 10) What does the client hope to gain from a DVSD session?

- 11) What makes you believe that the client is a good candidate for participation in the DVSD program?

Scheduling a Dialogue: Dialogues are usually scheduled for Tuesday and Thursday late afternoons and evenings, and take between two and three hours to complete. If those days are not possible for the client or support person, please tell us what day of the week is preferred and we will try to accommodate your request.

Preferred day: ___ Tuesday ___ Thursday _____Other

All information is confidential and will be used by DVSD for the purposes of matching clients for a dialogue or for funding purposes, in which case client identity will remain anonymous.

Mail completed form to:
DVSD Program
PO Box 1572
Hillsboro, OR 97123