CDVSA Batterer's Intervention Program — Monthly Services Report

PROGRAM:

PARTICIPANT ID and/or APSIN and/or NAME:

Month/Year:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Session Attended																															
2. Unexcused Absence																															
3. Excused Absence																															
4. Individual Meeting																															
5. Referral / Service Coordination																															
6. Lethality Assessment																															
7. "Duty to Warn" Report Filed																															
8. Follow Up Non-Completing Participant																															
9. Post-Completion Follow Up																															
10. Related Court Appearance																															
11. Support Attendance																															

	Date	(Explanation)	Date	(Explanation)	Date	(Explanation)	Notes/Comments:
Affidavit of Non-Compliance Filed (Outcome)		☐ Ordered Back to Program ☐ Probation Extended ☐ Bench Warrant ☐ Jail ☐ Other_____ ☐ No Action		☐ Ordered Back to Program ☐ Probation Extended ☐ Bench Warrant ☐ Jail ☐ Other_____ ☐ No Action		☐ Ordered Back to Program ☐ Probation Extended ☐ Bench Warrant ☐ Jail ☐ Other_____ ☐ No Action	
Discharged (Reason)		☐ Noncompliant ☐ Program Completed ☐ Moved ☐ Other_____ ☐ Deceased		☐ Noncompliant ☐ Program Completed ☐ Moved ☐ Other_____ ☐ Deceased		☐ Noncompliant ☐ Program Completed ☐ Moved ☐ Other_____ ☐ Deceased	Prepared By:
Intake		☐ Accepted ☐ Not Accepted		☐ Accepted ☐ Not Accepted		☐ Accepted ☐ Not Accepted	Reviewed By: Review Date:
Other (Specify)							