

DV-815

Batterer Intervention Program Progress Report

Clerk stamps date here when form is filed.

1 Name of Protected Person: _____

2 Name of Restrained Person: _____

Lawyer for Restrained Person (*if you have one for this case*): _____

Name: _____ State Bar No.: _____

Address (*Address of lawyer or address of restrained person. Do not provide an address that should be kept private.*): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

Items ③ through ⑤ must be completed by the program

3 Batterer Intervention Program

a. Name of Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Report date: _____ Intake date: _____ Class start date: _____

b. This 52-week program is approved by the probation department under Penal Code section 1203.097.

TO PROGRAM STAFF: If you choose to provide another report that contains all the information in ④, skip to ⑤ and attach your report. Do not forget to provide your name, title, signature, and date at the end of this form.

4 Program Attendance and Progress

a. Number of sessions completed: _____ Number of sessions missed: _____

Of the sessions missed, how many excused? _____

b. The person in ② is participating and expected to finish by (date): _____

c. The person in ② successfully completed the program on (date): _____

d. The person in ② was terminated from the program on (date): _____, for the following reason (explain): _____

5 Optional Report

The attached report includes all information required under California Family code section 6343.

NOTICE TO PROGRAM PROVIDER

This form should NOT be used to disclose information (example: medical or health information) that is protected under state and federal laws without appropriate written authorization from the person in ②.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct to the best of my knowledge.

Date: _____

(Type or print name and title)



(Signature of program staff)