DV-805 Proof of Enrollment for Batterer Intervention Program

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

1 Protected Person

Name: _____

2 Restrained Person

a. Your Name: _____

Your Lawyer *(if you have one for this case):*

Name: _____ State Bar No.: _____

Firm Name: _____

b. Address *(If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):*

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

3 To the Restrained Person:

If the court has ordered you to complete a 52-week batterer intervention program, you must complete and file this form to prove to the court that you have obeyed its orders. After the order is made, you must enroll in a program by the date ordered by the judge. If the judge did not order you to enroll by a certain date, then you must enroll no later than 30 days after the judge made the order.

I, _____ , declare as follows:
Type or print your name

a. I have enrolled in a batterer intervention program that is approved by the probation department under Penal Code section 1203.097.
Name of provider: _____
Address: _____
Telephone number: _____

b. I have signed all necessary forms with the program, allowing the program to release proof of enrollment, attendance records, and completion or termination reports to the court and the protected party, or his or her attorney.

c. ☐ My first class is/was on *(date):*

d. ☐ Other *(list any other order made by the court that you have completed):*

_____

_____

4

You must provide the protected party with the information listed in 3a. Have someone else mail a copy of this form to the protected person. The person who mails it must complete Form DV-250. File Form DV-250 with the clerk and keep a copy for yourself.

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

Date: _____

▶ _____
Sign your name

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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