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: _____

Email Address: _____

Fill in court name and street address:

Superior Court of California, County of

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: _____

Court fills in case number when form is filed.

Case Number:

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)*

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

Print this form | Save this form | Clear this form