



A NEW APPROACH, LLC

"A Comprehensive Skill Building Approach to Ending Violence and Treating Addiction"

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11975 Highway 142
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Phone (404) 551-5571

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ANGER MANAGEMENT / RELATIONSHIP SCREENING

Confidentiality: The information you give below will be held in strict confidence. It is to be used for the evaluation.

Any false or misrepresented information places you at risk of being discharged.

Last name _____ First name _____ Middle initial _____

Date of birth _____ Age _____ Gender/Sex _____ Race _____

Social Security Number _____ - _____ - _____ Employer _____

Home Address _____ City _____ Zip _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

VICTIM INFORMATION

Last name _____ First Name _____ Relationship to you _____

Home Address _____ City _____ Zip _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Employer _____ Are you restricted from contact with victim? Yes or No

How long were/have you been together? _____ How much contact now? _____

CURRENT LIVING SITUATION

Check the box that most fits your situation:

- Single, never married
- Single, but living with someone who is an intimate partner. How long? _____
- Married-How long? _____
- Is the person (parent, partner, spouse) you are living with supportive of you? Yes or No
- Separated? How long? _____ Do you think you will get back together? Yes or No
- Divorced? Dates of previous marriages: 1st from _____ to _____; 2nd from _____ to _____
- Children? Give age and gender (m/f): 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
- Step-Children? Give age and gender (m/f): 1) _____ 2) _____ 3) _____ 4) _____
- Widow/Widower? Date of Death? _____ Cause? _____

FAMILY BACKGROUND

Father: What does/did (if deceased) he do for a living? _____

Father: If deceased, when did he die? _____ What did he die from? _____

Mother: What does/did (if deceased) she do for a living? _____

Mother: If deceased, when did she die? _____ What did she die from? _____

Did your parents divorce? Yes or No When? _____ Did you have step-parent(s)? Yes or No

How many brothers and sisters do you have? _____ Step-brothers and sisters? _____

Did someone other than your parents raise you? Yes or No. Who? _____

EDUCATION

- Graduated* from high school in what year? _____ Did NOT graduate from high school.
- GED? Received what year? _____ Seeking GED? Yes or No.
- Attended college/technical school but did not graduate. How Long? _____ Major _____
- Graduated from college/technical school in what year? _____ Major _____

EMPLOYMENT

- Currently employed and my employer is: _____ How Long? _____
Describe what you do: _____
What other types of work have you done? _____
- Unemployed and seeking employment. What type of work are you seeking? _____
- Receiving financial assistance. What type? _____
What did you do for a living previously? _____

MILITARY

- No military service.
- Branch of military service _____ . Dates of service _____
- Type of discharge? _____

HEALTH

Do you have any physical limitations or disabilities? Yes or No. If yes, describe _____

Did you take any type of medication? Yes or No. What types? _____

Has any physician or psychiatrist ever diagnosed you as having depression, PTSD, bi-polar disorder, "nerves", attention deficit disorder or any similar type illness? Yes or No. Which one? _____

Have you ever been admitted to a psychiatric hospital? Yes or No. Which one? _____

Did you take any medication? Yes or No. What types? _____

Have any of your family members had any of the illnesses listed above? Yes or No. Who? _____

What type of illnesses did they have? _____

Have you ever considered harming yourself? Yes or No. How close did you come?

Have you ever considered harming others? Yes or No. How close did you come?

Has anyone in your family ever committed suicide? Yes or No. Who? _____

FINANCIAL

Are you paying child-support? Yes or No. Court ordered? Yes or No. Monthly amount? _____

If you are in arrears, how much? _____

Have you ever declared bankruptcy? Yes or No. If yes, when? _____

LEGAL

Currently on Probation: What county? _____ Probation Officer's Name _____

What are you on probation for? _____ When were you arrested? _____

When were you sentenced? _____ How much time did you serve? _____

Fine \$ _____ Community Service hours _____ . Length of probation _____

Describe the events surrounding the arrest: _____

Pending Charges: What are the charges? _____

What county/city? _____ Do you have an attorney? Yes or No. When do you go to court? _____

Describe the circumstances of the arrest: _____

Other Arrests: List any other arrests you have including DUIs. You need to be accurate as possible so that if what you report is checked against your record it will not appear as if you were attempting to be evasive or hiding information.

	Charge Date arrested	Date Sentenced	Actual Sentence
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1st Arrest _____

2nd Arrest _____

3rd Arrest _____

4th Arrest _____

SEVERITY OF VIOLENCE SCALE (Female Victim)

(Linda Marshall, 1992)

You have probably experienced anger or conflict with your partner or other individual. Below is a list of behaviors you may have done. For each statement, describe how often you have done each behavior by writing the appropriate number in the blank.

1 - Never 2 - Once 3 - A few times 4 - Many Times

- | | | |
|-------|-----|--|
| _____ | 1. | Hit or kicked a wall, door, or furniture. |
| _____ | 2. | Drove dangerously with her in the car. |
| _____ | 3. | Threw an object at her. |
| _____ | 4. | Made threatening faces or gestures at her. |
| _____ | 5. | Acted like a bully toward her. |
| _____ | 6. | Destroyed something belonging to her. |
| _____ | 7. | Threatened to destroy her property. |
| _____ | 8. | Threatened someone she cares about. |
| _____ | 9. | Threatened to hurt her. |
| _____ | 10. | Threatened to kill yourself. |
| _____ | 11. | Threatened to kill her. |
| _____ | 12. | Threatened her with a weapon. |
| _____ | 13. | Acted like you wanted to kill her. |
| _____ | 14. | Threatened her with a gun or a knife. |

- _____ 15. Held her down pinning her in place.
- _____ 16. Pushed or shoved her.
- _____ 17. Grabbed her suddenly or forcefully/roughly handled her.
- _____ 18. Scratched her.
- _____ 19. Pulled her hair.
- _____ 20. Twisted her arm.
- _____ 21. Spanked her.
- _____ 22. Bit her.
- _____ 23. Slapped her with the palm/back of your hand.
- _____ 24. Slapped her around her face and head.
- _____ 25. Hit her with an object.
- _____ 26. Punched her.
- _____ 27. Kicked her.
- _____ 28. Stomped on her.
- _____ 29. Choked her.
- _____ 30. Burned her with something.
- _____ 31. Beat her up.
- _____ 32. Used a knife or gun on her.
- _____ 33. Demanded sex whether she wanted to or not.
- _____ 34. Made her have oral sex against her will.
- _____ 35. Made her have sexual intercourse against her will.
- _____ 36. Physically forced her to have sex.
- _____ 37. Made her have anal sex against her will.

SEVERITY OF VIOLENCE SCALE (Male Victim)

(Linda Marshall, 1992)

You have probably experienced anger or conflict with your partner or other individual. Below is a list of behaviors you may have done. For each statement, describe how often you have done each behavior by writing the appropriate number in the blank.

- | | 1 - Never | 2 - Once | 3 - A few times | 4 - Many Times |
|-----------|-----------|----------|-----------------|----------------|
| _____ 1. | | | | |
| _____ 2. | | | | |
| _____ 3. | | | | |
| _____ 4. | | | | |
| _____ 5. | | | | |
| _____ 6. | | | | |
| _____ 7. | | | | |
| _____ 8. | | | | |
| _____ 9. | | | | |
| _____ 10. | | | | |
| _____ 11. | | | | |
| _____ 12. | | | | |
| _____ 13. | | | | |
| _____ 14. | | | | |
| _____ 15. | | | | |
| _____ 16. | | | | |
| _____ 17. | | | | |

- _____ 18. Scratched him.
- _____ 19. Pulled his hair.
- _____ 20. Twisted his arm.
- _____ 21. Spanked him.
- _____ 22. Bit him.
- _____ 23. Slapped him with the palm/back of your hand.
- _____ 24. Slapped him around his face and head.
- _____ 25. Hit him with an object.
- _____ 26. Punched him.
- _____ 27. Kicked him.
- _____ 28. Stomped on him.
- _____ 29. Choked him.
- _____ 30. Burned him with something.
- _____ 31. Beat him up.
- _____ 32. Used a knife or gun on him.
- _____ 33. Demanded sex whether he wanted to or not.
- _____ 34. Made him have oral sex against his will.
- _____ 35. Made him have sexual intercourse against his will.
- _____ 36. Physically forced him to have sex.
- _____ 37. Made him have anal sex against his will.

ALCOHOL AND DRUG HISTORY QUESTIONNAIRE

Drinking/Using Pattern

Please answer the following questions on the basis of how you have drank alcohol or used drugs in the past 10 years. If you have not been drinking for a length of time, there will be a space to fill that in. We need to know how you have drank alcohol or used drugs in the past.

If you drank, where did you do most of your drinking? (Home, bars, parties, friend's home)

Have you ever tried to stop drinking or drugging? Yes or No. If yes, how long did you go without drinking? _____ Why did you stop? _____

Have you ever had an alcohol or drug use evaluation before? Yes or No. When? _____ Where? _____ Why was the evaluation done? _____

Have you ever been in treatment for alcohol or drug related issues? Yes or No. When and where did this take place? (Not including DUI School) _____

Have you ever been in an alcohol/drug-related halfway house? Yes or No. When? _____ Where? _____

Have you ever been told by a doctor to stop drinking? Yes or No.

Has anyone ever suggested to you that you should stop drinking? Yes or No.

Have you ever attended an Alcoholics Anonymous (or CA, NA) meeting? Yes or No. Was it court-ordered? Yes or No.

Does your partner or roommate drink? Yes or No. (heavily, moderately, lightly, never drank?)

Have you ever been threatened about losing your job due to an alcohol related problem? Yes or No

In a one month (30 day) period, how many drinks would you drink? _____

Each time you drink, how much would you typically drink? _____

In a one week (7 day) period, how much would you drink? _____

When was your last drink? _____

Have you ever used marijuana? Yes or No. When was the last time you used it? _____

Have you ever used cocaine? Yes or No. When was the last time you used it? _____

Have you ever used methamphetamines? Yes or No. When was the last time you used it? _____

Have you ever used illicit drugs not listed? Yes or No. Which ones? _____

Have you ever abused prescription drugs? Yes or No. Which Ones? _____

Have you ever failed a drug screen (for example, at work or at probation?) _____

Have you ever sold drugs for profit or for your own use? Yes or No. When? _____ How long? _____

Do you think you have a problem with alcohol and drugs? Circle your response below.

No Problem 0 1 2 3 4 5 6 7 8 9 10 Very Serious Problem

What is the worst level of problem you reached while drinking or using drugs? Circle your response.

No Problem 0 1 2 3 4 5 6 7 8 9 10 Very Serious Problem

What is your current goal concerning drinking (or use of drugs)? Total Abstinence (No drinking).

Cutting back on drinking. Drinking the same amount. Not driving when drinking.

Do you think there are any questions/issues we might have missed that you would like to cover?

Print your name: _____

Sign your name: _____

Date: _____



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Phone: 404.551.5571 Fax: 404.551.5574

DeKalb Fulton Gwinnett Newton

For Facilitator Use Only:

Affect: Resistant Depressed Cooperative Belligerent

Class Type Assigned:

A&D DV EM EM/DV ER/AM PAR PRE

# SISTERS	#BROTHERS	Children: Age & Gender	Class Fee	Assign Group/ Time:	PA <input type="checkbox"/>
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EVENT INFORMATION:

ANGER MANAGEMENT PROGRAM CONTRACT

Based on the State regulations, I understand the following will be reported to the appropriate authority (police, probation, court, Pardons and Parole): Acts or threats of violence, stalking, coercive or harassing behavior; homicidal/suicidal ideation or attempts; incidents of child abuse, substance abuse or use of illegal drugs; any criminal behavior or violation of court order relating to family violence. I understand that any or all information obtained may be subject to subpoena or used as evidence in a court of law.

If I am discharged for noncompliance, I understand that the State regulations require that I start the **entire** 12 class program over.

I understand that the State regulations require that I attend 12 weekly classes out of 13 weeks which allows for a **maximum of 1 absence**. Furthermore, I understand that if I miss more than two classes I will be discharged for noncompliance.

I understand that I am to be on time for the classes. If I am tardy, the State regulations require that the class will be considered an absence. Each class is 90 minutes and I understand that I cannot come late or leave early.

I understand that because of my conviction for anger management, Federal Law prohibits me from possessing any firearms. Therefore, I agree to immediately stop all violence and abuse toward the victim and others, remove all weapons from home and respect any effort by the victim to leave the relationship.

I understand that I will be expected to complete homework assignments previous to each class as well as to participate in the class discussion. Noncompliance will result in extra assignments as well as the possibility of discharge. I understand I will be given a manual for the class and will be charged a \$20.00 replacement fee if the initial manual is lost and/or damaged beyond normal wear.

I understand that I am to meet, if applicable, the following obligations related to the victim: financial, child support, maintaining medical/property insurances policies, removing financial constraints, respecting the victim's right to mobility, personal property, social interaction, employment, education, and personal freedom.

I understand that the State regulations require that I provide ANA with an arrest/incident report. I understand that I will need to go to the police station, pay a small fee (\$1 to \$5), and bring the report to the class instructor.

I understand that I am not to abuse any alcohol or legal medication as well as not using any illicit drugs while assigned to the Domestic Violence Intervention Program. Further, I understand that I may have to maintain abstinence from alcohol during the Program if that is recommended by the chemical dependency evaluator. Also, I understand I am never to attend any Program class under the influence of alcohol or any drug. If I am taking any type of prescribed medication, I understand that I am to notify the class instructor or Program Director. I understand that if I am in doubt about any medication, I am to ask the instructor. I understand that I can receive a random drug screen (s) during the Program at no additional cost to me. If alcohol/drug use is suspected and then positively determined, I will have to pay twenty dollars (\$20.00) for the drug screening.

I understand that, if I use threatening or abusive language or behavior, I will be discharged from the program.

I understand that I am solely responsible for the class fee of **thirty dollars (\$30.00)** each week. I pay only for the classes I attend. If I do not pay my fees at the start of the class, I will not receive credit for that class. Although I am still required to attend class, I will not receive credit for any classes until my balance of **sixty dollars (\$60.00)** is paid. Cash or money order is required.

Because this program is under the Department of Correction (DOC), I understand that there is no protection of confidentiality. I understand that the State regulations require the Treatment Provider to contact the following as applicable: my Probation Officer, the court, Pardons and Parole, Georgia Commission on Family Violence (GCFV), GCFV monitors, victim liaisons. The information processed to the above will be about my enrollment in this Domestic Violence Program, my participation, my payment of fees, case information, notification of noncompliance discharge from the Program, and/or notification of completion of the Program.

FEE SCHEDULE

◆ Evaluation	\$60.00
◆ Class Cost	\$30.00 (weekly)
◆ Pauper's Affidavit	\$20.00 (weekly)
◆ Manual Replacement	\$20.00
◆ Drug Screen ("for cause")	\$20.00

My probation/court officer is:

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ FAX: _____

With my signature, I am certifying that this document has been read to me or that I have read this document. I further certify that I understand the content of this document.

Your Signature: _____ Date: _____

Print Name: _____

Staff Signature: _____ Date: _____