

CONTRACT FOR PARTICIPATION

Draft

Print Name _____
(first) (middle) (last)

____ I agree not to use violence with any person during my participation with (BIP).

____ I understand that a requirement for participation in the (BIP) program includes talking about my use of violence and/or abusive behavior and accepting full responsibility for it.

____ I understand that no form of victim blaming is permitted in the program. I agree to stop any victim blaming.

____ I was ☐ court ordered ☐ I volunteered to participate in the (BIP) program.

____ I agree to attend _____ classes. (24 class sessions is the minimum number of classes to meet discharge criteria per the TN State Standards)

____ The location for my classes is the following:

Classes meet (day/time) _____ starting (date) _____.

____ I understand that I may also be referred to additional service providers when appropriate and authorized by the court.

____ I agree to contact (BIP) if I will be absent and understand that **I must make up any classes missed**. I may not miss more than **X** classes during my participation in the program.

____ I understand that if I am more than ten minutes late for a class I will not receive credit for that class.

____ I agree to provide the Batterer's Intervention Program with copies of any and all relevant criminal justice system documents.

____ I agree to notify (BIP) of any further police contact, arrest, service of a protection order, or any new or pending charges.

____ I agree to pay my fee of ____ at each group. (if applicable: I understand that there will be a re-enrollment fee of \$X if I am suspended from the program.)

____ I understand that (BIP) may contact my partner, ex-partner or any new partner to explain the program and obtain relevant information about my use of violent and/or controlling behaviors. She will also be informed of my attendance, suspension, termination, or completion of my involvement with (BIP). I will not interfere with any communication between the program and my partner/victim.

____ I understand that I am required to participate in group and my participation is related to my compliance with the program.

____ I understand that my **confidentiality is limited**. Certain information collected by, or that becomes known to (BIP), including information that may be subject to public records statutes, will be limited. I acknowledge and agree to these limitations and understand that this contract shall serve as a written waiver of any right to, or expectation of, confidentiality with respect to the following:

- a. threats or acts of violence committed against any person while I am in this Certified Program;
- b. suspected “domestic abuse” or abuse of any person who is a “victim” as those terms are defined in Tennessee Code Annotated Section 36-3-601 (1998 Supp.), while I am in this Certified Program;
- c. my participation in this Certified Program;
- d. reports of my compliance with this Certified Program’s rules and with the contract of this Certified Program;
- e. the reason(s) I may have been discharged from this Certified Program;
- f. my fee balance with this Certified Program;
- g. to the extent allowed by federal and state statute or regulation governing substance abuse programs, information concerning any substance abuse screening or concerning my participation in any substance abuse component of this Certified Program; and
- h. audio, video, or written recordings of the intervention sessions in which I am a participant.

____ I understand that this Certified Program shall not release any information that it collects, or that becomes known to this Certified Program, that concerns facts that are required to remain confidential, and when such confidentiality may not be waived under applicable federal or state statute or regulation.

____ I agree to follow and comply with the rules of (BIP).

____ I agree to notify (BIP) with any change of my address and telephone number.

____ I understand that (BIP) is required to report any suspected act of child abuse or neglect, any concern for my safety or the safety of others, or reports of further violence.

____ I agree not to abuse alcohol or prescription drugs and I agree not to use illegal drugs while enrolled in this program.

I have read this contract and understand my requirements with (BIP).

Participant Signature: _____

(BIP) Staff Signature: _____

Date: _____